

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

There will be a meeting of the Trust Board in public on
 Wednesday 13 September 2023 at 11.00am in the Boardroom, Junction 7, Whipps Cross Hospital,
 Leytonstone E11 1NR
Scheduled to end by 13.45

AGENDA

Please note that this is a Trust Board meeting held in public. In accordance with the Trust's Standing Orders, no filming or recording of the meeting is permitted. There will be an opportunity for questions and comments from members of the public at the end of the meeting.

		Paper TB	Lead	Time
1.	WELCOME		Rt Hon J Smith	11.00
2.	APOLOGIES FOR ABSENCE: Ms C Alexander			
3.	DECLARATION OF INTERESTS To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting including gifts and hospitality (accepted or refused)			
4.	MINUTES To approve the Minutes of the meeting held on 12 July 2023 and review the action log appended to the Minutes	50/23	Rt Hon J Smith	11.00
5.	MATTERS ARISING To consider any matters arising from the Minutes not covered elsewhere on the agenda			
6.	PATIENT STORY To hear a patient story		Ms L Street	11.05
7.	CHAIR'S REPORT To receive the Chair's report		Rt Hon J Smith	11.30
8.	CHIEF EXECUTIVE'S REPORT To receive the Chief Executive's report		Mr S DeGaris	11.35

		Paper TB	Lead	Time
9.	PROVIDER COLLABORATION To discuss recent developments		Mr M Trainer	11.40
QUALITY AND PERFORMANCE				
10.	INTEGRATED PERFORMANCE REPORT – 2023/24 M4 To receive the report and discuss: <ul style="list-style-type: none"> • Quality and Safety • Operational performance • Equity • People • Financial performance 	51/23	<i>[by exception]</i> Prof A Chesser Ms R Carlton Mr A Abraham Mr D Waldron Mr H Virdee	11.45
11.	REPORTS FROM BOARD COMMITTEES 11.1 Finance Performance and Investment 11.2 Audit and Risk Committee 11.3 Quality Assurance Committee 11.4 Collaboration Committee	52/23 53/23 54/23 55/23	Mr A Sharples Ms K Kinnaird Dr K McLean Rt Hon J Smith	12.25
STRATEGIC DELIVERY PLANS AND IMPLEMENTATION				
12.	PEOPLE STRATEGY IMPLEMENTATION To receive a report on workforce equality (WDES, WRES and Gender Pay Gap)	56/23	Mr A Abraham and Mr D Waldron	12.35
13.	WHIPPS CROSS REDEVELOPMENT To receive an update on enabling works	57/23	Mr A Finney	12.55
GOVERNANCE				
14.	OVERSEAS VISITORS To receive and approve the overseas visitors yearly report	58/23	Mr A Abraham	13.10
15.	RESEARCH AND DEVELOPMENT To receive and approve the research and development yearly report	59/23	Prof A Chesser	13.15
16.	HEALTH AND SAFETY To receive and approve the health and safety yearly report	60/23	Mr H Virdee	13.20

17.	ANY OTHER BUSINESS			
18.	QUESTIONS FROM MEMBERS OF THE PUBLIC			13.25
19.	DATE OF THE NEXT MEETING The next meeting of the Trust Board in public will be held on Wednesday 1 November 2023 at 11.00am in the Education Centre, Mile End Hospital, London E1 4DG			
20.	RESOLUTION That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960).			

Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0642

BARTS HEALTH NHS TRUST

TRUST BOARD MEETING (PART 1)

Minutes of the Trust Board meeting held in public on
Wednesday 12 July 2023 at 11.00am, Education Centre meeting room, Zone 2,
Newham University Hospital, Glen Road, Plaistow

- Present:**
- Rt Honourable J Smith (Chair)
 - Mr A Sharples (Vice Chair)
 - Mr S DeGaris (Group Chief Executive)
 - Mr M Trainer (Deputy Group Chief Executive)
 - Dr K McLean (Non-Executive Director)
 - Ms L Seary (Non-Executive Director)
 - Ms H Spice (Non-Executive Director)
 - Ms J Ferns (Non-Executive Director)
 - Ms S Teather (Associate Non-Executive Director) *
 - Ms C Alexander (Chief Nurse)
 - Professor A Chesser (Chief Medical Officer)
 - Mr H Virdee (Chief Finance Officer)
 - Mr A Hines (Director of Corporate Development) *
 - Ms R Carlton (Chief Operating Officer)*
 - Mr D Waldron (Director of People) *
 - Mr M Turner (Interim Director of Strategy) *
- In Attendance:**
- Mr A Finney (Whipps Cross Hospital Redevelopment Director)
 - Ms M Walsh (Freedom To Speak Up Guardian)
 - Ms J Leonard (Quality Improvement Programme Director)
 - Mr J Hibbs (Group Director of Communications)
 - Mr S Collins (Trust Secretary)
 - Mr S Sharma (Deputy Trust Secretary)
- Apologies:**
- Professor Sir M Caulfield (Non-Executive Director)
 - Ms K Kinnaird (Non-Executive Director)
 - Mr C Williams (Associate Non-Executive Director) *
 - Mr A Abraham (Group Director, Inclusion and Equity) *

** Non-voting member*

55/23 WELCOME

The Chair welcomed Board members, staff and members of the public to the meeting.

Apologies were noted.

56/23 DECLARATION OF INTERESTS

Attendees were reminded of the need to declare any interests they may have in connection with the agenda or interests acquired since the previous meeting, including gifts and hospitality (accepted or refused).

No declarations were made.

57/23 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Trust Board held in public on 3 May 2023 were received and approved.

58/23 MATTERS ARISING

There were no matters arising.

59/23 BOARD MEMBERSHIP

The Board noted the reappointment of Ms Lesley Seary, with the extension of her existing term as non-executive director until 31 July 2026. This reappointment also applied to Ms Seary's role on the board of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). This followed the similar extension to the term of Professor Caulfield as a joint non-executive director until 19 March 2027.

Following approval by the Nomination and Remuneration Committee, the group's four hospital chief executives would join the Board's membership. Dr Neil Ashman, Professor Charles Knight, Mr Simon Ashton and Dr Amanjit Jhund would join with effect from 1 September 2023. This nomination reflects the increasingly strategic role of hospital leaders in the sector and the development of the group model.

60/23 PATIENT STORY

The Board received an account from Ms Osbourn, a patient who been under the care of the Trust's medicine specialty for some years and had been a regular user of the Trust's services. Ms Osbourn had also previously acted as a volunteer at Newham University Hospital but had had to give this up during the pandemic. She had been approached to join the Trust's new "working together scheme" recently and was now an active voice in redesigning services for patients. Ms Osbourn praised the scheme, which had allowed her to feel more at ease and gave her the chance to see first hand the experience of working in the accident and emergence department. Her experience of

volunteering had afforded her the chance to understand the difficulties in managing the increasing number of mental health patients.

Ms Teather asked if there were practical examples that could be given of things that had improved at the hospital. Mr Mills noted that two patient participation leads had been employed to provide a dedicated resource and twelve patients had been recruited to help redesign the service. He noted that a Friends and Family Test project had been launched to receive up to date feedback which would improve the experience for staff and patients.

Dr McLean asked if staff had encountered issues with adapting to the new programme and co-design approach. Mr Mills agreed that some readjustment was required but that the experience to date had eased any staff anxiety.

The Chair asked whether there were any particular differences between Ms Osbourn's two inpatient stays. Ms Osbourn felt that staff had appeared more friendly and less formal during her second spell.

The Board thanked Ms Osbourn for sharing her valuable experiences with members.

61/23

CHAIR'S REPORT

The Chair recognised the continued impact on services caused by periods of industrial action since the last Board meeting, including the increased time children were waiting for appointments. She confirmed the main priority was to ensure the safety of all patients while maintaining as much activity as possible during strikes. She was keen that the negotiating parties would find a solution as soon as possible.

The Chair outlined details of the 75th anniversary of the NHS celebrated by all Trust hospitals recently. At the Annual General Meeting held in the previous week, stakeholders were welcomed to discuss the Trust's achievements, challenges and future plans. The Chair also noted the 75th anniversary of Windrush which had also been marked by celebrations at all of the sites, as a symbolic moment for black Britons in the NHS.

The Chair had visited staff working in the cellular pathology department at the Royal London Hospital and those working at the Canary Wharf offices. She had attended the international nurses and midwives day in May as well as the Trust's Medical Council meeting, where frank discussions were held around capacity and staffing. The Chair had participated in a site visit to Whipps Cross Hospital where she saw the work being done in the Accident and Emergency Department and work being planned for the surgical assessment unit. The Chair highlighted some fascinating artificial intelligence work being done in mechanical thrombectomy and noted a meeting with Healthwatch leads to discuss the potential benefits. A joint forward plan had now been agreed by

the Chair and non-executive directors following a recent Integrated Care System development day.

62/23

GROUP CHIEF EXECUTIVE'S REPORT

The Group Chief Executive thanked staff and executive colleagues for the planning work to maintain safe services during periods of industrial action. He noted that further scheduled strikes would prove even more challenging due to their extended duration. Rota cover was in place and the main aim was to protect as much cancer and elective activity as possible, while reducing the amount of long waiters. Urgent and Emergency Care attendances had been 14% higher during April compared with the same period last year. The Trust was working with the Integrated Care Board and chief executives of mental health Trusts to explore extra capacity to address mental health care service strains. The aim of maximising tax payer spend in the midst of the current financial context was another priority. Two of the Trust's clinicians had been recognised in the King's birthday honours, while over two hundred nominations had been received in nine categories as part of a successful inclusion awards event. The Group Chief Executive welcomed the addition of hospital chief executives to the Board, including the new Whipps Cross Hospital chief executive. He took the opportunity to thank Ralph Coulbeck on behalf of the Board for his valuable contributions to the organisation as both Group Director of Strategy and, more recently, as chief executive of Whipps Cross Hospital.

63/23

PROVIDER COLLABORATION

The Group Deputy Chief Executive introduced the report and highlighted Acute Provider Collaborative (APC) governance arrangements which had been updated at the last Board Collaboration Committee meeting. The benefits of seeking efficiency through collaboration in corporate services were discussed at the recent collaboration committee meeting, along with the financial drivers of the current underlying deficit position. All sites were looking to maximise resources to balance current operational pressures. The most significant new challenge identified post-pandemic had been the increasing volume of mental health patient attendances at acute trusts and joint discussions were taking place with the Integrated Care System and mental health trusts around how these issues could be resolved. The Group Deputy Chief Executive noted agreement for the joint committee to make some formal decisions following delegation from specialised commissioning colleagues. The Director of Corporate Development clarified that this did not represent an automatic delegation arrangement and work was ongoing to respond to specialised commissioning changes. He highlighted the importance of communicating and engaging patients and members of the public in decision making noting that there would not be an impact on public board meeting arrangements and transparency.

The Board approved the North East London Acute Provider Collaborative Joint Committee Terms of Reference.

64/23

INTEGRATED PERFORMANCE REPORT

(i) *Quality and Safety*

The Group Chief Nurse highlighted how the new 'reading the signals' data dashboard would increase the understanding of clinical risks and maternity processes. Social prescribing methodology had now been reviewed and a deep dive review had been conducted into pressure ulcer performance (with a deep dive review of falls process scheduled for the next report). The Group Chief Medical Officer confirmed that the quality of duty of candour letters was continuing to improve and the Trust was doing all it could to uncover incidents of harm caused by treatment delays. He recognised that any patient waiting longer than their initially scheduled waiting time experienced a level of harm or discomfort. He thanked medical staff, support staff, nurses and allied health professionals for their continued commitment and dedication during the recent industrial action periods.

The Chair asked about the low completion rate for the maternity friends and family test at The Royal London Hospital. The Group Chief Nurse acknowledged the issue noting there had been a key vacancy arising from the departure of the patient experience midwife. The Chair noted also some significant variations across hospitals in regard to mortality data. The Group Chief Medical Officer noted a strong Trustwide mortality performance and noted that differences reflected the wide variety of conditions, demographics and services at each of the group's hospitals. He outlined steps to ensure that site variations were not a cause for concern.

(ii) *Operational Performance*

The Group Chief Operating Officer noted the significant disruption and logistical challenges faced by booking and scheduling staff to manage cancellations and rebookings arising from the recent industrial action. From an urgent and emergency care perspective, the challenge in dealing with large amounts of mental health patients in emergency departments and long waiting times for accessing mental health services was not going away. A fundamental shift in how these patients are treated was now required considering the continued risk to delivering high quality emergency care. The Trust's urgent care programme had been extended while significant increases in attendances were being reported at Whipps Cross Hospital and Newham Hospital. Whipps Cross Hospital had managed to improve waiting time performance in their emergency department. Urgent Treatment Centre (UTC) provision was causing treatment delays at the Royal London Hospital and work was ongoing with the UTC and Royal London Hospital leadership teams to reduce the issues. Good progress was being made on the patient flow

programme and teams were progressing positively on ward processes and discharges. Productivity workshops were in place to support hospital teams in challenged areas of the activity plan. In terms of the issues in cancer performance, themes around improved General Practitioner (GP) communication and scanning equipment availability were common for all acute Trusts.

Ms Spice recognised that 30% more elective cases had been delivered during the second wave of strikes while there had been a deterioration in two-week waiting time performance for cancer patients. The Group Chief Operating Officer noted that recruitment challenges were a factor and reviews of each speciality had recently been completed highlighting themes for learning. She confirmed and increased emphasis on completion of first treatments for cancer (rather than appointment bookings) and noted that the overall backlog of the longest waiting patients had now reduced from 12% at the end of 2022 to 8.9%.

Ms Seary asked about the ambitions on discharge improvements ambition. The Group Chief Operating Officer acknowledged improvement was required in relation to achieving the national standard and efforts were being made. Ms Seary asked about a review of colorectal and urology services and narrowing the gap on access seen across different postcodes. The Group Chief Operating Officer noted that a workshop was planned in September to see how each clinical group could work together more efficiently. She felt that, in some areas, such as point of care testing, the benefits would take longer to come to fruition. In regard to equity of access, the Group Chief Medical Officer noted that a widening equity gap was a reflection of the disparity in length of waiting lists in certain postcodes than in others (strengthening the case for greater collaborative working). Some specific work was being led by the Cancer Alliance around improving GP communications and early referrals.

Dr McLean asked what level of confidence there was in having sufficient mitigations in place if strike action continued. The Group Chief Operating Officer recognised that having continued breaks in service would erode confidence in the ambition to reduce waiting times.

The Chair welcomed Ms Teather's suggestion to visit administration functions such as scheduling as part of future Board visits.

(iv) People

The Group Director of People noted the increase in staff numbers following recent completion of transfers of former Serco staff. The current fill rate overall was 91% and there was a continuing focus on improving on the 85% fill rate in nursing and midwifery, which was particularly an issue at Newham University Hospital. A workforce summit was planned to explore options. As a group, staff turnover had improved again and sickness absence rate was

falling. Long and short term sickness absence was being addressed and the level of temporary staffing was still a risk, despite the elimination of off framework agency staff. Statutory and mandatory training performance was currently above the 85% target.

Ms Seary noted that level three safeguarding training compliance was not near the required level and major improvements would be needed.

Dr McLean was pleased to see the training improvements and reduction in sickness absence levels. She asked if the strikes may have given selected clinical staff groups the opportunity to complete statutory and mandatory training. The Group Director of People confirmed that this appeared to have been the case.

Ms Teather was interested to consider how the change in reversing sickness absence rates had been achieved. The Group Director of People noted more focussed work had been applied by the workforce resourcing group and ensuring occupational services were more flexible had been a factor in the successful turnaround.

(v) *Financial Performance*

The Group Chief Financial Officer noted some intense financial pressures in the first two months of the year. The use of temporary staffing had increased during periods of industrial action contributing to costs and the current position which was at £9m adverse variance to plan. Activity level decreases had also been compounded by the strikes. Inflation levels remained a significant factor. The identification of a recovery plan to deliver the targeted savings had been completed. Improving theatre productivity, reducing the use of temporary staff and utilising resources in non-clinical areas were key to achieving financial plan delivery. The Group Chief Financial Officer confirmed that a similar financial position was being seen in all acute hospitals representing major financial challenges for the NHS at this time. Work was being done to secure more capital resources from North East London and also with hospitals and non-clinical services to deliver as many savings as possible. A Financial Recovery Board had been with the aim of bringing financial performance back on track.

Ms Ferns asked if the Trust had considered widening flexible working opportunities to decrease temporary staff numbers. The Group Director of People confirmed that lessons were being learned from Barking Havering and Redbridge University Trust who had improved medical staff pay rates leading to a reduction in temporary staff.

Ms Spice recognised the current financial challenges and diminishing time to close the gap. She asked what learning could be taken from the strike impact, in terms of focussing attention on specific areas in order to make

improvements. The Group Chief Financial Officer recognised that there were relevant factors beyond the Trust's control and confirmed that chief finance officers from across the country were already meeting to discuss future planning implications of industrial action.

65/23 REPORTS FROM BOARD COMMITTEES

Finance, Investment and Performance Committee

Mr Sharples noted that the committee had met twice in June. He confirmed that achieving the target outturn was very challenging in the context of current run rates. He noted the capital expenditure plan was even more challenged. Temporary staffing costs continued to be too high but were moving in the right direction. In relation to operational performance, some areas with lengthy diagnostic waiting times were discussed. Theatre and outpatient performance had also been discussed as day case rates were falling below expected levels.

Quality Assurance Committee

Dr McLean noted that the committee had met in June and discussed maternity safety, clinical harm, safeguarding, complaints and limited assurance internal audits. A revised committee meeting schedule for the year had been agreed. The committee had been impressed by the progress being made at Newham University Hospital, following a review of their quality report.

Reports from the Board Collaboration Committee, Audit and Risk Committee and Nominations and Remuneration Committee were also received and noted by the Board.

66/23 IMPROVEMENT AND TRANSFORMATION REPORT

The Group Chief Operating Officer outlined a comprehensive programme of improvement work, based on the patient safety agenda, that was in place since being established in November last year. She updated the Board on recent national developments and expectations from NHS England on the role of a shared NHS improvement approach that supported a culture and the conditions for continuous improvement. The alignment of the Improvement and Transformation team with WelImprove methodology supported delivery of the Trust's priority initiatives. The Group Executive Board oversaw the programme and work was ongoing to demonstrate and track the benefits. A more detailed discussion on the impact of WelImprove and associated projects could be the focus of a future Board Seminar.

Ms Teather asked how time for staff leaders to participate in improvement work might be created given limitations on bandwidth. The Group Chief Operating Officer noted this had also been highlighted as a key success factor by the Quality Improvement For Leaders programme. The Improvement and

Transformation team would provide a perspective on how to solve problems and on sustainability of the QI approach.

Dr McLean asked how widely the engagement had spread. The Quality Improvement Programme Director noted that training was being managed flexibly to give people time to engage and approximately fifteen hundred staff had been trained to date.

The Board noted the report.

67/23 NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (AHP) STAFFING

The Group Chief Nurse presented the annual report outlining the governance process from the outcome of the 2022/23 Nursing, Midwifery and AHP establishment review. The recommendations from this review were supported by the Group Executive Board and Quality Assurance Committee in April 2023. Safe staffing priorities, actions agreed and the funding approach were highlighted.

Mr Sharples was pleased to see safe staffing information provided at site level. The Group Chief Nurse confirmed enhanced care models were in place and the Trust was looking at different ways of delivering the varying complexities.

Dr McLean was interested to know how this work would triangulate with overall costs to the Trust. The Group Chief Nurse noted this would require further analysis with the likelihood of further ward investment.

The Board noted the outcome of the review and approved the move to funding any recommended uplifts from within hospital allocated budgets, recognising risks would be recorded, mitigated and monitored via hospital governance processes. The Board also noted the ongoing nature of some of the actions agreed in the 2022/23 safe staffing review and supported the priority actions for 2023/24.

68/23 BOARD ASSURANCE FRAMEWORK (BAF)

The Group Director of Corporate Development presented the report noting that a Board Seminar session had taken place in the previous week to discuss the risk appetite for each Trust objective. The BAF risks had been reviewed and were in the process of being worked up in more detailing to reflect outputs from the Board Seminar. A new report on delivery against objectives in the operational would be shared with the Board on a frequent basis going forward (providing an assessment of both performance and risk management). This work would inform development of specific risk triggers and support a deep dive schedule of BAF risk reviews at board committees.

Mr Sharples confirmed agreement of the respective chairs regarding the reallocation of board committee oversight of selected BAF risks following the seminar.

The Board noted and approved the Board Assurance Framework; the approach to oversight of the operational plan and areas for further development during 2023/24.

69/23 OPERATIONAL PLAN 2023/24

The Board noted the update on the conclusion of operational planning for 2023/24, acknowledging the work that has been done across the organisation and with North East London Integrated Care Board (ICB). The Board noted the publication of Safe, Compassionate and Efficient: Barts Health's group operational plan for 2023/4 and the identified key priorities for 2023/24.

70/23 WHIPPS CROSS REDEVELOPMENT

The Director of Whipps Cross Hospital Redevelopment noted the recent announcements relating to the Government's commitment to the national New Hospital Programme. Timelines were consistent with programme milestone assumptions. The Board noted that a first annual report charting the progress of key transformation programmes would be published next month. The Board also noted confirmation of a Barts Charity £6.6m grant to support the mobilisation of the new Academic Centre for Healthy Ageing to be based at Whipps Cross Hospital, representing good news for treatment of the frail and elderly.

A timeline had yet to be agreed with national colleagues for the enabling works business case relating to a new car park build.

The Board noted the report and supported the recommendations.

71/23 PEOPLE STRATEGY IMPLEMENTATION

Freedom To Speak Up Report

The Trust's independent Freedom to Speak Up guardian and a local Newham resident, Ms Walsh, presented the report noting that the number of concerns raised this year had almost doubled since last year. No actual patient harm had been reported and there was no increase in concerns with potential care quality implications. More detail on the process had been provided to all of the hospitals in order to identify 'hot spots' within divisions (while maintaining the anonymity of sources).

The Chair highlighted the importance of the role and the fact that Ms Walsh was acting independently. She asked about management responsiveness where

issues were raised. Ms Walsh confirmed that managers did respond, though issues could take a long time to resolve; in part this reflected the need to reassure the people involved of all of the options and spend time listening to concerns.

Dr McLean asked if more leadership training could be provided. Ms Walsh confirmed there was always room for improved management training.

The Group Director of People confirmed that a report was being developed for the Board that would triangulate the Freedom To Speak Up work with staff survey and employee relations data.

The Board considered the recommendations outlined and supported the subsequent delivery of action plans.

72/23 YEARLY REPORTS

The Board noted yearly reports on complaints management and safeguarding.

73/23 ANY OTHER BUSINESS

There was no other business.

74/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair introduced the section of the meeting inviting questions from the public.

The Waltham Forest Save our NHS campaign group representative, Ms Terry Day, asked questions about financial savings targets for the North East London (NEL) sector and the Trust (£286m and £106.4m respectively); theatres use, investment in additional capacity and the availability of funding for staffing of this; bed numbers required for the Whipps Cross redevelopment; and arrangements to improve accessibility at board meetings for those with disabilities or hearing impairments.

The Chief Financial Officer confirmed that the Trust's plan, agreed with NEL ICB and NHS England, assumed achievement of efficiency and income improvement targets. Efficiency targets were set nationally by NHS England with consistency within NEL and across the wider NHS on the scale of these requirements. Efficiency improvements would be generated through schemes such as productivity improvements to support elective activity backlog clearance, reduction in agency staff costs (by recruiting additional substantive staff) and procurement savings. In addition, the Trust had also targeted schemes to secure additional funding. Quality impact assessments would be conducted on these schemes to assure that there was no adverse safety impact for patients or staff.

In relation to questions regarding £625m capital investment in NEL, including the additional investment in theatres at Newham, the Chief Financial Officer confirmed that, following the opening of the new Gateway surgical centre at Newham, two 'mothballed' areas had been created (which had previously been used to support elective surgery). These spaces would now be recommissioned for use as theatres as a result of the funding received. The Gateway centre would continue to be the primary elective surgery centre.

In terms of additional beds at Newham, the Chief Operating Officer confirmed that funding for the additional staff to staff its winter pressure ward permanently had been confirmed in April 2023. A new modular ward supported by funding would serve as a decant ward, with existing staff reassigned to this. Funding would be sought from commissioners to support staffing of the new theatres, consistent with the sector's elective waiting list reduction priorities. The new 10-bedded Clinical Assessment Unit at St Bartholomew's Hospital was created during the pandemic to support faster access to oncology teams for cancer patients, minimising longer waits associated with access via Emergency Departments. This activity was funded within the current budgets. The new ICU and ward were funded by NHSE in recognition of an increase in surgery cases. Capital funding was accompanied by letters of support from commissioners and North London Cardiac Operational Delivery Network and the North East London Cancer Alliance.

The Director of Strategy confirmed that the clinically led health and care services strategy for Whipps Cross aimed to deliver improvements in services that, working collaboratively with primary and community-based care providers, would help more people to avoid the need to attend hospital and, for those who are admitted, will reduce lengths of stay. The number of beds in the new hospital design would be informed by the development and progress towards implementing this health and care services strategy. Current designs for the new hospital were flexible with the ability to expand to accommodate 600 beds, should that prove necessary. The 'bed base' of the current hospital was between 570 and 580. It was expected that the design and overall bed base would be subject to modest changes over time in response to demand and the development of out of hospital care initiatives.

In relation to questions regarding accessibility of board meetings, the Chair noted the benefits of rotating the board meeting venue across hospital sites; supporting a programme of board visits to improve understanding and board member visibility; improving accessibility for local patients. While recognising some limitations of venues, the advantages outlined were felt to outweigh the drawbacks of this approach. Looking ahead, the purchase and use of audio equipment at this meeting, was expected to mitigate some of the challenges described.

The Newham Save our NHS campaign group representative, Ms Rosamund Mykura, asked questions about extensions to Newham fire safety capital

expenditure and costs of architects for this programme; payments and services received in relation to Nuffield Health at St Bartholomew's Hospital; the impact on other hospitals (and the staff involved) of relocating breast cancer surgery to St Bartholomew's Hospital; and a request to make a distinction between national guidance and national regulations as regards the Trust's overseas patients policy, advising whether this may have had any impact on the accuracy of the Trust's invoicing arrangements.

The Chief Financial Officer confirmed that £2.44m capital spend had been authorised on 25 May 2023. An extension was required to complete the remainder of the scheme's phase 3 works and the design of phase 4 works. The expenditure on architectural design related to work carried out in the previous financial year for phase 4 (which included some backlog maintenance being incorporated into this programme). It was standard industry practice for invoicing to lag behind certification of works undertaken.

The Director of Strategy noted that:

- Nuffield Health opened its hospital on the St Bartholomew's site in May 2022.
- Between May 2022 and April 2023, a total of £1,614,530 was paid to Nuffield Health. Almost all of this was for NHS activity outsourced to the Nuffield Health facilities at either Nuffield Health at St Bartholomew's Hospital or The Holly Private Hospital. Other NHS activity was also outsourced to other independent sector providers over this period as part of local and nationwide efforts to reduce the numbers of patients waiting for routine treatment. A fraction of the payment to Nuffield Health (£132,114) related to staff deployed to Barts Health between the January 2021 and April 2022 pandemic phase.
- Expenditure in May 2023 related to further outsourced NHS activity undertaken at Nuffield Health at St Bartholomew's Hospital between November 2022 and January 2023 for approximately 300 patients.
- From April 2020, most of the Trust's breast surgery was consolidated at the St Bartholomew's Hospital centre of excellence. A reconstruction service following mastectomy was retained at The Royal London Hospital and non-surgical breast services remained at both Whipps Cross and The Royal London. The planned transfer of breast cancer surgery from other group hospitals to St Bartholomew's Hospital involved no reductions to bed allocation or availability. Theatre staff that were working on breast surgery at Whipps Cross and other sites now supported other specialities on their home site. Some specialist medical staff, including junior doctors and consultants, moved to support surgery at St Bartholomew's Hospital (with no loss of jobs).

In relation to overseas visitor treatment, the Group Chief Executive advised that the Trust's policy was based on the single source of national best practice on

discharging its statutory responsibilities for overseas visitors: the Department of Health and Social Care Guidance on Implementing the Overseas Visitor Charging Regulations. As indicated in previous Board meetings, patients had not been wrongly invoiced and were invoiced as a last resort, after successive attempts had been made to seek evidence of eligibility for free NHS care. Invoices were cancelled if a patient subsequently provided evidence of entitlement or exemption.

The Newham Save our NHS campaign group representative, Ms Rosamund Mykura, asked whether the full details of questions and answers could be included in the Trust Board’s papers.

The Chair noted that, following some discussions regarding handling, it had been agreed at the request of campaigners to allow sufficient time on the agenda for detailed questions to be read out in full at the meeting. The minutes formed the formal record of the meeting and she felt that a verbatim record of discussions would not be appropriate or in line with the approach taken at other NHS trusts. However, she recognised that there may be some benefits in maintaining an open dialogue on the approach.

75/23 DATE OF THE NEXT MEETING

The next meeting of the Trust Board in public would be held on Wednesday 13 September 2023 at 11.00am in the Boardroom, Junction 7, Whipps Cross Hospital, Leytonstone E11 1NR

**Sean Collins
Trust Secretary
Barts Health NHS Trust
020 3246 0641**

Action Log

Trust Board 12 July 2023			
No.	Action	Lead	By
	<i>No new actions identified</i>		

Barts Health Integrated Performance Report

September-23

Performance for: **Jul-23**



Pack Contents

Sep-23

Report	Page
Executive Summary	3
Quality Report	6
Operational Performance Report	19
Equity Report	42
People Report	50
Finance Report	56
Glossary	64
Appendix	71

Sep-23



Executive Summary



Operational Performance

The continued disruption to services as a result of industrial action will impact the trust's ability to establish longer term performance trajectories with confidence. The Group and hospital teams have been focussed on the safe delivery of services, and unplanned care pathways have been well maintained. We have also sought to continue as much elective work as possible, whilst also undertaking extensive work re-booking patients due to sequential industrial action. In July the disruption resulted in the cancellation and rebooking of 2,251 outpatient appointments, 290day case operations, 86 elective procedures and 31 cancer patients. For August industrial action, this led to the cancellation and rebooking of 1,658 outpatient appointments, 220day case operations, 71 elective procedures and 37 cancer patients. We will continue to work with clinical leaders, establishing plans to mitigate disruption to services and patients. The next round of industrial action will feature consultant and junior doctor action and will take place on 19-20 September.

The work to deliver improvements in services covering Emergency Care, Elective Delivery and Cancer continues at pace. We are undertaking planning in preparation for the winter period, which will include rolling out more virtual ward beds across the Bart's Health footprint, delivered in close collaboration with NHS Northeast London and our place-based partnerships. Patients requiring care in a mental health setting continue to spend unacceptable periods of time in the Group's emergency departments, and this will be an ongoing area of focus over the Autumn, supported by a Northeast London mental health summit and a peer review assessment across Bart's Health over the next 4-6 weeks.

In Cancer services, there is a focus on achieving a backlog target of 7% by March 2024, which will support recovery of the group 62day position. Despite the highlighted disruption from the industrial action, the group is close to trajectory for this ambition. We have recently launched a 'drive to five' with key colleagues from each hospital to set out the long-term aim to get to get the backlog down to 5%, this group will meet regularly to work through key challenges with a focus on faster diagnostics by using the Early Diagnostic Centre (EDC) soon to become Community Diagnostic Centre (CDC). We have an established programme approach for this work, focussed on key tumour groups and supported by additional management capacity. In recent weeks the Trust was notified by NHS England of the changes to Cancer Waiting Times standards, which will mean reducing the current reporting of 10 down to 3, focussing on Faster Diagnostic Standards (FDS), 31 Day and 62 Day standards from 1st October 2023. This would mean the removal of the 2WW standard, with more of a focus on FDS so patients are given their diagnosis by day 28 from referral from a GP/GDP. Since the Trust was informed of the changes a series of meetings have commenced with teams to plan for the changes.

In elective care, there is a Validated RTT PTL for July 23 of 121,033 which is an increase of 2,062 pathways from June 23. Our priority is to deliver a 65week maximum wait by March 2024. The current focus is on improving access for outpatients and patients on non-admitted pathways, supporting their timely booking over the next two months to ensure we are compliant with the March 24 maximum wait objectives. We are also improving communication with patients through the development of two-way text messaging and are supporting our digital ambitions through a new virtual dermatology platform established at the Royal London Hospital.

Equity

In this month's review of the equity of our waiting times, we found no significant differences in average wait times between ethnic groups, between male and female patients, or for patients with learning disabilities. We did, however, find that patients living in the most deprived areas wait approximately a week longer than those who live in the least deprived areas. We believe this is because of longer waits in a few services at Royal London, which serves a more deprived population. We will be investigating this further in the coming weeks.

People

The substantive fill rate continues to increase, now at 91.8%. Alongside this there has also been a small increase in the substantive fill rate for registered nursing and midwifery from 86% to 86.2%.

Temporary staffing remains high at 13.4% of the workforce and agency spend continues to be 4.6% YTD

Turnover and sickness absence rates continue to improve

Finance

- The Trust is reporting a £34.5m deficit for the year to date at month 4, which is (£25.4m) adverse against plan.
- The key financial challenges for the Trust in achieving its plan for the year to date include:
 - Delivery of the Elective Recovery Fund activity trajectory and the associated funding,
 - Improving productivity to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets.
 - The impact of industrial action by medical staff.
- Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery

Sep-23



Quality Report



Complaints

An exception was noted in acknowledging complaints within the agreed time. Drivers for the exception were related to temporary challenges within two of our hospital teams related to recruitment and recording of information. This has been resolved and performance has improved.

CQC

Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) - The Trust received the CQC report setting out the key findings from an inspection of compliance with IR(ME)R. The report was based on a combination of what was found during an inspection in June 2023, particularly in relation to the management of incidents and notifications of significant accidental and unintended exposures which occurred at Whipps Cross Hospital between 2022 and 2023. The outcome provided good assurance that incidents had been managed appropriately and made two recommendation to support further improvement related to equipment and training. No regulatory actions were identified. The Trust responded to the CQC with our plan for improvement within the deadline.

CQC Diagnostic Imaging – The CQC has signalled their intention to undertake focus groups within Diagnostic Imaging services, as a follow up to previous inspection activity. The focus groups will be preceded by providing the opportunity for diagnostic imaging staff and those who refer into the service to share their views anonymously.

Never Event

One Never Event was reported at RLH for a reporting period. The incident relates to guidewire left in patient after Radiologically Inserted Gastrostomy procedure in Interventional Radiology.

Infection prevention and control

It is noted that, although no exceptions identified in the current reporting period there are early warning signals that infection rates are increasing in the following two areas and remain under surveillance.

- E.coli Bacteraemia Infections
- Clostridium Difficile – Incidence

Patient Safety Incident Response Framework (PSIRF)

Plans are on track to launch PSIRF in November – an update is included in this IPR. A report will be presented to the November Board in advance of the launch.

Maternity and Neonates

The Reading the Signals dashboard does not indicate any significant deterioration in metrics but some significant improvement in midwifery availability. A Maternity and Neonate Summit is being held on 7th September. The objective of this Summit is to review the Maternity Safety Programme Diagnostic and other inputs to support the development of our 2 -5 year maternity and neonate strategy. Development of maternity quality indicators is underway, supported by NHS EI and some support through AQUA, a development programme which will work with us to streamline board reporting within requirements set by national drivers such as Ockenden, The Single delivery plan and the Maternity Incentive Scheme.

	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
		Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
Patient Experience	MSA Breaches	●			Jun-23 (m)	<=0	72	72	218	4	19	9	4	-	36
Patient Feedback	Written Complaints Rate Per 1,000 Staff				2022/23 Q4 (q)	SPC Breach	-	-	-	26.9	36.1	24.4	10.5	-	20.6
	FFT Recommended % - Inpatients	●			Jun-23 (m)	>=95%	91.3%	90.9%	90.5%	86.7%	95.0%	86.4%	93.9%	-	90.9%
	FFT Recommended % - A&E	●			Jun-23 (m)	>=86%	65.7%	66.7%	66.8%	64.2%	74.3%	57.9%		-	66.7%
	FFT Recommended % - Maternity	●			Jun-23 (m)	>=96%	95.8%	96.9%	96.7%	100.0%	98.1%	95.3%		-	96.9%
	FFT Response Rate - Inpatients	●			Jun-23 (m)	>=23%	31.7%	29.1%	31.5%	22.6%	48.4%	18.6%	32.6%	-	29.1%
	FFT Response Rate - A&E	●			Jun-23 (m)	>=12%	7.2%	7.7%	8.0%	7.9%	9.6%	5.6%		-	7.7%
	FFT Response Rate - Maternity	●			Jun-23 (m)	>=17.5%	20.1%	17.6%	18.0%	0.3%	37.9%	19.7%		-	17.6%
	Perfect Ward: Patient Happy With Care				Jun-23 (m)	-	-	-	-	100.0	0.0	0.0	-	-	100.0
	CQC Inpatient Survey				2021/22 (y)	-	-	-	-	79.0%	76.0%	68.0%	93.0%	-	0.0%
	Service User Support	Complaints Replied to in Agreed Time	●			Jun-23 (m)	>=85%	82.2%	86.7%	84.4%	89.3%	96.9%	66.7%	92.3%	-
Duty of Candour		●			May-23 (m)	>=100%	76.3%	90.7%	84.0%	82.4%	100.0%	91.7%	100.0%	0.0%	90.7%

*The metric "Complaints Replied to in Agreed Time" has a Trust-wide target of 85% but an internal stretch target for sites of 95%

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Infection Control	S10	Clostridium difficile - Infection Rate	●	○	○	Jun-23 (m)	<= 16	24.7	22.2	23.5	26.0	12.5	20.6	34.4	-
	S11	Clostridium difficile - Incidence	●	○	○	Jun-23 (m)	<= 10	15	13	41	7	2	2	2	0
	S2	Assigned MRSA Bacteraemia Cases	●	○	○	Jun-23 (m)	<= 0	1	1	3	1	0	0	0	0
	S77	MSSA Bacteraemias	○	○	○	Jun-23 (m)	SPC Breach	15	6	30	3	3	0	0	0
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Jun-23 (m)	<= 20	33	33	92	14	12	7	0	0
Incidents	S3	Never Events	●	○	○	Jun-23 (m)	<= 0	0	1	2	1	0	0	0	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	○	Jun-23 (m)	<= 0.9%	1.3%	1.8%	1.5%	1.9%	1.5%	2.1%	1.5%	-
	S45	Falls Per 1,000 Bed Days	●	○	○	Jun-23 (m)	<= 4.8	4.3	3.9	3.9	3.7	3.5	4.1	5.9	-
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Jun-23 (m)	<= 4%	4.3%	5.9%	4.9%	5.2%	6.1%	10.2%	4.8%	-
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	Jun-23 (m)	SPC Breach	58.4	59.6	57.8	50.0	66.7	61.5	78.2	-
	S53	Serious Incidents Closed in Time	●	○	○	Jun-23 (m)	>= 100%	11.1%	11.1%	12.8%	0.0%	0.0%	33.3%	0.0%	-

Serious Incidents Closed in Time: clock stops are still in place nationally and Barts Health continues to monitor the Serious Incident process according to internal targets – more details are on the “Changes to Report” page of this report.

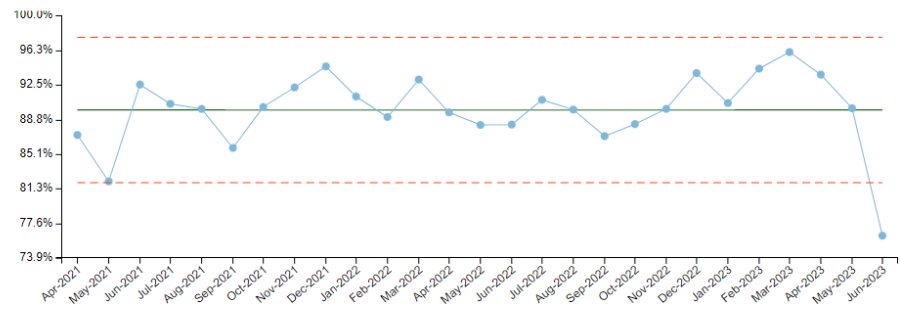
CARING

Indicator: Complaints Acknowledged in Agreed Time (Trust)

Sep-23

Trust

Complaints Acknowledged in Agreed Time



Indicator Background:

In line with the Local Authority Social Services & National Health Service Complaints (England) Regulations 2009, Trust are required to:

1. Agree a management plan with complainants for addressing the issues raised in their formal complaint
2. Negotiate / agree a reasonable timescale, with complainants, for responding to all reportable complaints.
3. As part of maintaining high standards the Trust undertook to ensure that 80% and above of all reportable complaints are responded to within the negotiated timescale agreed with complainants, and a second and final timescale is re-negotiated. In the event that there are delays with responding, complainants are contacted

What is the Chart Telling us:

We aim to acknowledge all our complaints within 3 working days as stipulated in the national regulations. Acknowledgement performance however has not consistently been on or above the threshold we set ourselves.

In June, performance fell below the control limit initiating an exception review. The exception was driven by performance at SBH and NUH. Hospital teams reviewed.

Actions taken:

- Correction of data entry errors – acknowledgement not recorded correctly
- Support from colleagues in other departments to fill temporary gaps in team as a result of vacancies with enhanced governance oversight

Issues and Risks:

- Time required whilst recruitment processes are completed
- Time required for new staff to become comfortable with process

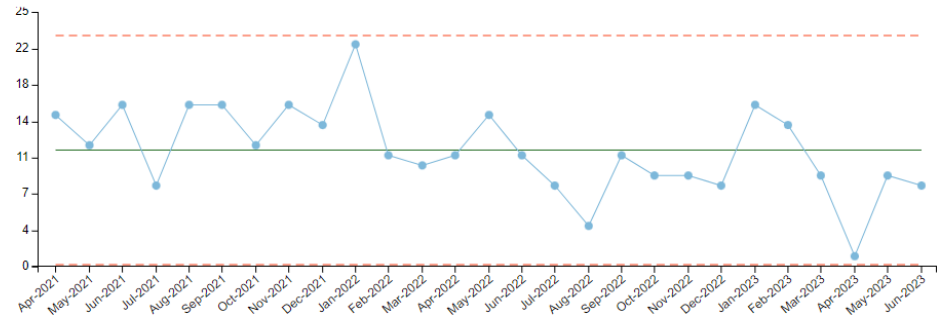
CARING

Indicator: Re-opened Complaints (Trust)

Sep-23

Trust

Complaints Received - All (Re-Opened)



Indicator Background:

In line with the Local Authority Social Services & National Health Service Complaints (England) Regulations 2009, Trust are required to:

1. Agree a management plan with complainants for addressing the issues raised in their formal complaint
2. Negotiate / agree a reasonable timescale, with complainants, for responding to all reportable complaints.
3. As part of maintaining high standards the Trust undertook to ensure that 80% and above of all reportable complaints are responded to within the negotiated timescale agreed with complainants, and a second and final timescale is re-negotiated. In the event that there are delays with responding, complainants are contacted

What is the Chart Telling us:

Some complaints are reopened for a number of reasons including: dissatisfaction with the response received and process issues. Process issues usually mean reopening a complaints record on the system when it might not be necessary to do so. Many of the reopened complaints tend to be addressed and resolved quite quickly once services are able to identify what the issues that require further consideration are. However in some cases, due to the complexities around the issues being raised, it can take much longer for the ongoing concerns to be resolved.

Actions taken:

- Training is being provided for staff in differentiating between when a complainant is making a general enquiry about a response or about a complaint and when a complainant is complaining about the outcome of an investigation or the quality of our response to a complaint.
- The latter is when a complaint record should be reopened and new timescales negotiated whilst the former only warrants adding notes to a complaint record whilst the case is still closed

Issues and Risks:

- There are no significant risks or issues associated with reopening complaints as part of ongoing engagement with the complainants.
- It gives us the opportunity to address all issues locally in the event that the complainant subsequently escalates their complaint to the Ombudsman.

SAFE

Patient Safety Incidence Response Framework (PSIRF) Implementation

Sep-23

Task reference	Milestone	Start Date	End Date	Status	RAG
1	Orientation (months 1 – 3)				
1.1	Develop PSIRF Engagement and Communication Plan	3-Mar-23	31-Mar-23	Complete	C
1.2	Trust wide Event	30-Apr-23	30-Jun-23	Complete	C
2	Diagnostic & Discovery (months 4 – 7)				
2.1	Gaps between current state and go-live	1-Mar-23	31-Aug-23	In Progress	A
2.2	Gaps between current state and ideal state	1-Mar-23	31-Aug-23	Not Started	A
2.3	Put forward suggestions to address identified gaps	29-Sep-23	31-Oct-23	Not Started	G
3	Governance and Quality Monitoring (months 6 – 9)				
3.1	Sign-off PSIRF Governance Structure	01-May-23	01-Sep-23	In Progress	G
3.2	Agree how you intend to respond to issues listed in your patient safety incident profile	01-Jun-23	08-Sep-23	In Progress	G
4	Patient Safety Incident Response Planning (months 7 – 10)				
4.1	Undertake trust-wide and site-based gap analysis to go-live	1-Mar-23	31-Aug-23	In Progress	A
4.2	Undertake trust-wide and site-based gap analysis to ideal state	1-Mar-23	31-Aug-23	Not Started	A
4.3	Produce a Safety Profile	30-Apr-23	04-Aug-23	In Progress	A
4.4	Develop options appraisal for the delivery of training	3-Apr-23	05-Jun-23	Complete	C
4.5	Approval of training plan	1-Jun-23	11-Aug-23	In Progress	G
4.6	Populate the policy and plan templates and share these with stakeholders	8-Sep-23	6-Oct-23	Not Started	G
4.7	Sign Off and Agree Transition Date	13-Oct-23	9-Nov-23	Not Started	G

Key:

Complete

All task on track – no risk to timeline

We are at risk of not hitting timeline. Mitigating action is being taken or is planned

We are unlikely to hit timeline. Mitigation action is being taken or planned

EFFECTIVE

Domain Scorecard

Sep-23

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health
Mortality	E1	Summary Hospital-Level Mortality Indicator	●	○	○	Mar-23 (m)	<=100	98	98	-	93	100	106	97	-	-	98
	E3	Risk Adjusted Mortality Index	●	○	○	May-23 (m)	<= 100	94	93	-	90	94	95	94	-	-	93
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	○	●	Jul-23 (m)	<= 0.51	0.43	0.61	0.57	0.28	0.83	0.42	0.98	-	-	0.61

Annual discharge data, ending in month indicated as 'This period', used for the generation of the indicator. Confirmed or suspected cases of Covid – 19 are excluded.

EFFECTIVE

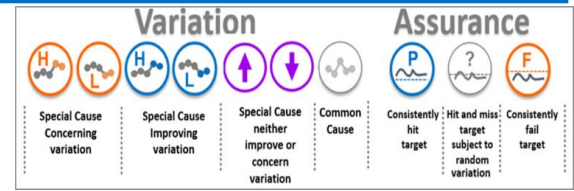
Reading the signals

Sep-23

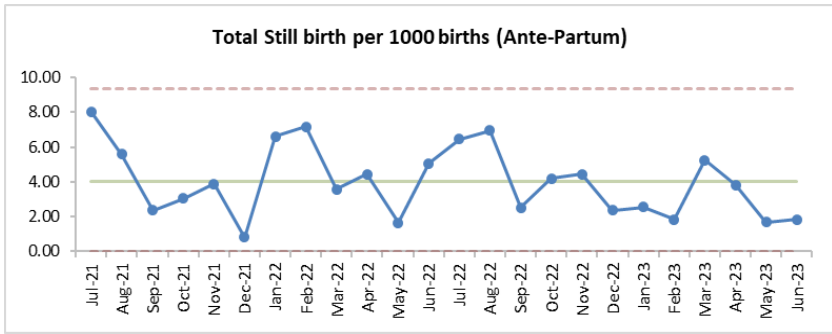
Maternity overview Barts Health NHS Trust

<p>Latest month 01/05/23 Number of births 1222</p> <p>No significant change</p>	<p>Latest month 01/05/23 Stillbirth rate/1000 1.6</p> <p>No significant change</p>	<p>Date of last stillbirth 29/05/23</p> <p>Average days between stillbirths 4.3</p> <p>No significant change</p>
<p>Latest month 01/05/23 Safer staffing fill rate 92%</p> <p>Significant Improvement</p>	<p>Latest month 01/05/23 Neonatal Death rate/1000 3.3</p> <p>No significant change</p>	<p>Date of last neonatal death 20/05/23</p> <p>Average days between deaths 6.5</p> <p>No significant change</p>
<p>Latest month Proportion of staff with concerns about safety</p>	<p>Latest month 01/05/23 HIE rate/1000 0.0</p> <p>No significant change</p>	<p>Date of last HIE 27/01/23</p> <p>Average days between HIE 20.1</p> <p>No significant change</p>
<p>Latest month 01/05/23 3&4 degree tears (per 1000) 10.6</p> <p>No significant change</p>	<p>Latest month 01/05/23 PPH >1500 (per 1000) 42.6</p> <p>No significant change</p>	<p>Latest month 01/05/23 Unexpected admissions to NNU 3.9</p> <p>No significant change</p>

KPI	Latest month	Barts Health NHS Trust		Newham University Hospital		The Royal London		Whipps Cross								
		Measure	Variation	Measure	Variation	Measure	Variation	Measure	Variation							
Number of births	May 23	1222	↔	1191	↔	451	↔	445	↔	421	↔	415	↔	350	↔	330
Stillbirth rate (per 1000)	May 23	1.64	↔	4.32	↔	2.22	↔	4.23	↔	0.00	↔	4.88	↔	2.86	↔	3.76
Neonatal death rate (per 1000)	May 23	3.3	↔	2.7	↔	0.0	↔	2.0	↔	7.1	↔	3.4	↔	2.9	↔	2.8
HIE rate (per 1000)	May 23	0.0	↔	0.9	↔	0.0	↔	0.7	↔	0.0	↔	1.0	↔	0.0	↔	1.1
Unexpected admissions to NNU	May 23	5.0	↔	4.2	↔	4.5	↔	3.1	↔	2.9	↔	4.8	↔	20.4	↔	15.3
3&4 degree tears (per 1000)	May 23	10.6	↔	14.0	↔	6.7	↔	14.1	↔	17.0	↔	16.2	↔	8.7	↔	11.3
PPH >1500 (per 1000)	May 23	42.6	↔	41.5	↔	31.3	↔	33.6	↔	58.3	↔	59.0	↔	40.6	↔	30.7
Safer staffing fill rate	May 23	92%	↔	85%	↔	96%	↔	96%	↔	94%	↔	94%	↔	86%	↔	86%
Proportion of staff with concerns about safety	May 23		↔		↔		↔		↔		↔		↔		↔	



EFFECTIVE **Total number of Still births (all) per 1000 births** **Sep-23**



Indicator Background:

There is a national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025. The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2020 national rate was 3.8 stillbirths per 1,000 births unchanged since 2019.

What is the Chart Telling us:

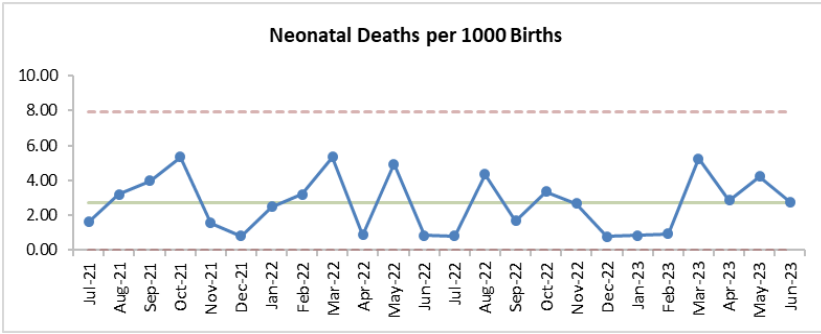
There had been an increase in March and April of which the cases are being investigated in line with usual governance arrangements and with thematic analysis to identify any themes across the group

Performance Overview	Responsible Director Update
<p>There were four cases in June, 3 at Newham and one at The Royal London. Only one case at Newham has identified initial care and service delivery problems. These relate to a delay in escalation and face to face review including assessment of foetal wellbeing. This case is being investigated as a serious incident.</p> <p>Of the remaining case, one is being investigated by Healthcare Safety Investigation Branch (HSIB) as the woman was in labour when she presented with reduced foetal movements. The remaining cases will be reviewed using the Perinatal Mortality review Tool.</p>	<p>Cases continue to be reviewed as part of usual governance processes, but also through the Perinatal Mortality review Tool (PMRT) programme. When we identify an inutero death when the woman has commenced labour, these cases are also reviewed by HSIB and through the Early Notification scheme through NHS Resolutions. This complexity in reporting requirements adds complexity in triangulating learning and identifying themes.</p> <p>In addition, the Local Maternity and Neonatal System, through the ICS support with thematic review, and when months see higher than expected poor outcomes, the teams provide exception reporting through them.</p> <p>The maternity safety support programme has also assisted the sites in identifying where there are themes relating to the saving babies lives care bundle interventions not being correctly applied, and is helping sites to identify their challenged areas and plan care that is in line with national best practice.</p>

EFFECTIVE

Neonatal Deaths per 1000 Births

Sep-23



Indicator Background:

Prior to 2021, the national ambition covered all neonatal deaths, and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021. The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations).

What is the Chart Telling us:

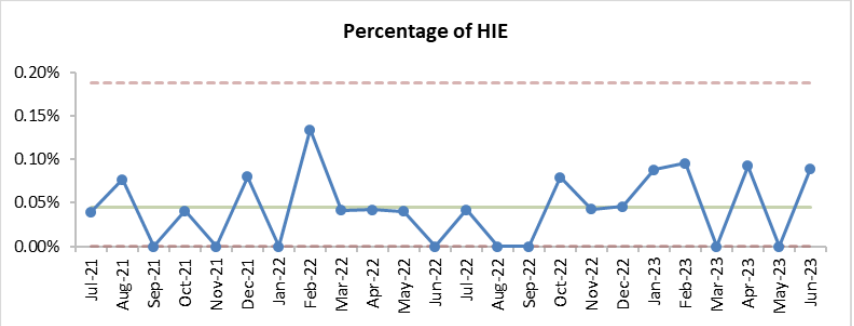
The charts tell us that thankfully neonatal deaths are rare. Because of this, that data fluctuates from month to month. Work with the Making Data Count team at NHS Improvement will support the development of a rare events chart which will assist with visualisation of performance and outcomes.

Performance Overview	Responsible Director Update
<p>Three early neonatal deaths were recorded at The Royal London Hospital.</p> <p>One death was in a baby known to have significant cardiac abnormalities, and one of a baby at 25 weeks gestation due to sepsis. Both cases will be reviewed using the perinatal Mortality Review Tool.</p> <p>The third death relates to a baby, also with known abnormalities. In this case the mother had a delay in her induction of labour due to operational pressures. The monitoring of this baby during the process was more than was usual practice, and when there was compromise noted, delivery was undertaken as an emergency. The cause of death has been noted as hypoxia as well as cardiac abnormalities. This case will be reviewed in line with governance processes as well as through the PMRT Process.</p>	<p>The Neonatal department are being supported by the risk management midwife to ensure that they are aware that cases of neonatal death should be recorded on the Datix system, whether or not these deaths are anticipated in order to provide a complete governance picture and record for outcomes and reviews.</p>

EFFECTIVE

HIE (Hypoxic-Ischaemic Encephalopathy)

Sep-23



Indicator Background:

The rates for brain injury or HIE fluctuate monthly across the sites, Cases of severe brain injury are fortunately rare. Babies who are born in poor condition at birth are reviewed by our neonatal teams to review suitability for cooling therapy which is known to reduce the severity of injury to the brain following acute onset of hypoxia during birth. Cooling therapy is known to slow down the changes in the brain which can continue to have a detrimental effect even after the hypoxic insult has occurred. Babies are cooled for 72 hours, their body temperature is reduced and they are sedated and made comfortable during this process with various medications. Bart’s Health provides this therapy at the Royal London site, and we also refer babies to The Homerton hospital where needed.

What is the Chart Telling us:

That there were 2 confirmed cases of HIE for babies born at Barts and being treated in our hospitals. The numbers for confirmed HIE are thankfully rare, and continued development of the Reading the Signals chart will assist in identifying if we are seeing closer intervals between rare cases which would alert us to a potential problem with care delivery.

Brain injury can be as a result of changes that occur during the pregnancy as a result of reduced blood flow to the placenta, but can also occur during labour, which is why foetal monitoring is a vital component of safe care. Any cases where a baby is referred for cooling and has a brain injury is referred for external review by HSIB. Improvement work at Barts health focuses on foetal well being in pregnancy and good foetal monitoring during labour to identify early signs of hypoxia and to help us deliver these babies in a timely way.

Performance Overview

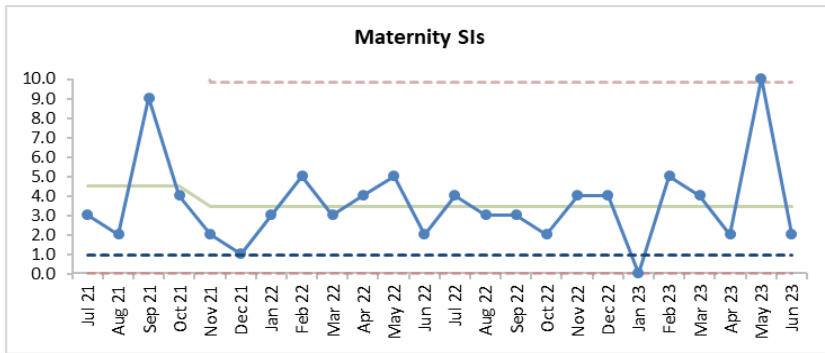
There were 2 cases of HIE identified in June for babies born within and treated at Barts Health and 3 babies who received cooling therapy, all were referred to HSIB for triage and case review depending on MRI scan outcome.

- ### Responsible Director Update
- In one case it was identified that there was a delay in recognition of deterioration in the fetal heart rate tracing. The case will be investigated through usual governance channels and will also feed into the QI work on site regarding fetal wellbeing.
 - The second case has identified challenges in documentation of induction of labour and the process around reviewing CTG tracings for women being induced. The correct pathway is that the criteria for intrapartum CTG interpretation should be used for these case, where as the antenatal criteria was used in this case, which did not alert the care givers to early escalation which was needed.
 - The third case relates to a case where Group B Strep was isolated in early pregnancy in urine but not highlighted in digital or paper maternity records, therefore missed opportunity to offer prophylaxis in labour.
 - Immediate actions include reminders to staff and running GBS awareness activities for GBS awareness week in July. Baby received cooling therapy

EFFECTIVE

Maternity – Serious Incidents

Sep-23



Indicator Background:

An SI is an incident in which a patient, member of staff or members of the public suffers serious injury, major permanent harm, or unexpected death, (or the risk of death or injury), on hospital premises. It could be an incident where the actions of healthcare staff are likely to cause significant public concern. It can also be an incident that might seriously impact upon the delivery of service plans and/or may attract media attention and/or result in litigation and/or may reflect a serious breach of standards or quality of service.

In maternity some incidents will still be declared as SIs even if it was not deemed that there was a lapse in care standards due to the serious impact this may have on the woman or baby and the opportunity for learning.

The Healthcare Services Investigation Branch, investigate maternity incidents that meet the Early Notification scheme (stillbirths at term, neonatal deaths, and babies sent for cooling therapy or with confirmed brain injury due to hypoxia) and maternal deaths.

Performance Overview	Responsible Director Update
<p>In June three maternity Serious Incidents were declared:</p> <p>The first relates to a stillbirth which occurred during an admission to the triage department at Newham hospital.</p> <p>The second case relates to a baby who was admitted to the neonatal unit for sepsis, after it was identified that although their mother and tested positive for group B strep</p> <p>The third case relates to a baby who underwent cooling therapy for suspected brain injury.</p> <p>All cases are being investigated.</p>	<p>Early learning from all of these incidents is being applied and shared, this includes:</p> <ul style="list-style-type: none"> • Shared learning and sharing events for GBS awareness • Review of risk register entries • Targeted training and support for foetal monitoring • Request for updates from the QI group reviewing risk assessments for next Strategic Maternity and Neonatal group

Sep-23



Operational Performance Report



Summary Performance

Operational performance presented below was impacted by two periods of Junior Doctor and Consultant industrial action across both June and July 2023.

Urgent & Emergency Care

- For 2023/24 the NHS has set a 76% A&E performance standard to be achieved by all trusts by March 2024.
- In July 2023, 42,861 attendances were recorded, 133 (-0.3%) fewer attendances than June.
- A&E 4-hour performance for July increased slightly from 70.1% in June 2023 to 70.4%.
- The proportion of patients with an A&E 12-hour journey time reduced from 4.7% in June to 3.9% in July (-0.8%), against a national standard of no greater than 2%.
- For July 2023, Barts Health recorded the second highest volume of A&E attendances of any trust in England. In terms of performance against the 4-hour standard, the Trust was ranked 12th out of 18 trusts reporting data in London and was ranked 7th out of the top 10 English trusts (ranked by volume of attendances).

Cancer

- During August NHS England announced a change to cancer waiting time standards, replacing the current set of ten waiting time standards with a reduced set of three from 1 October, future editions of this Board report will reflect these changes once they come into effect:
 1. The 28-day Faster Diagnosis Standard (75%)
 2. One headline 62-day referral to treatment standard (85%)
 3. One headline 31-day decision to treat to treatment standard (96%)
- In June 2023 a performance of 79.4% was recorded in relation to the 2 week wait standard of 93%, an improvement of 1.0% against May's 78.4%. Breaches of the standard increased from 731 in May to 797 in June (+66), however the number of patients seen increased by 492 across the same period meaning the proportion of patients breaching the standard reduced.
- In relation to the Faster Diagnosis Standard, for June 2023 the Trust achieved the standard for Breast Symptomatic (98.9%) and Screening referrals (91.4%), however did not achieve the standard for urgent two week wait referrals (69.4%), this resulted in the trust failing to achieve the standard for All (aggregated) referrals, recording a performance of 71.4%, an increase of 0.7% against May's 70.7%.
- With continued focus from NHS England on 62 day backlog clearance as at 13th August 2023, North East London (NEL) had the lowest volume of backlog of the London Integrated Care Boards (ICBs), with 509 patients waiting over 62 days. At 6.2% of the total waiting list this is the second lowest proportion with West London recording a backlog of 4.9%.

Diagnostics

- For July 2023 a performance of 76.8% was recorded, a reduction of 1.6% against June's 78.4%.
- In July the greatest challenges related to MRI long waits, Cardiac CT long waits and performance, non-obstetric ultrasound (NOUS) waiting list volume with audiology remaining challenged in relation to long waits and performance.
- Opportunities for process and productivity improvements; helping to mitigate the need for additional staff, are being developed across modalities.

Elective Care

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For July 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,167 admissions against which the trust delivered 7,486 (-681 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 123,379 attendances, against which the trust delivered 127,118 (+3,739 attendances).
- In relation to the RTT month-end nationally submitted data the trust reported 11 pathways waiting 104+ weeks at the end of July 2023, an increase of 5 pathways against the June position.
- In relation to 78+ week wait backlog volumes, 239 pathways were reported at the end of July, an increase of 13 against the June position.
- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of July the trust recorded 2,188 pathways waiting 65+ weeks, an increase of 60 against the June position.

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Jul-23 (m)	>= 72%	70.1%	70.4%	70.3%	65.3%	77.0%	70.5%	-	-	70.4%
A&E 12 Hours Journey Time	●			Jul-23 (m)	<=2.0%	4.7%	3.9%	-	4.5%	3.6%	3.4%	-	-	3.9%
Ambulance Handover - Over 60 mins				Jul-23 (m)	-	458	326	-	41	176	109	-	-	326
Ambulance Handover - Over 30 mins				Jul-23 (m)	-	1,224	1,583	-	405	552	626	-	-	1,583
Cancer 62 Day Aggregate	●			Jun-23 (m)	>= 85%	66.3%	62.8%	65.1%	59.5%	71.6%	40.9%	51.8%	-	62.8%
Cancer 31 Day Aggregate	●			Jun-23 (m)	>= 96%	96.0%	97.1%	96.3%	88.9%	98.1%	100.0%	97.5%	-	97.1%
Cancer 28 Day FDS Aggregate				Jun-23 (m)	>=75%	70.7%	71.4%	70.9%						71.4%
Diagnostic Waits Over 6 Weeks	●			Jul-23 (m)	>=95%	78.4%	76.8%	78.3%	64.1%	98.3%	89.1%	74.5%	-	76.8%
65+ Week RTT Breaches	●			Jul-23 (m)	1,487	2,128	2,182		1514	498	159	11	-	2,182
78+ Week RTT Breaches	●			Jul-23 (m)	0	226	234		190	23	21	0	-	234
104+ Week RTT Breaches	●			Jul-23 (m)	0	6	8		6	0	2	0	-	8
Completeness of Ethnicity Recording				Jul-23 (m)		91.7%	-	-	-	-	-	-	-	-

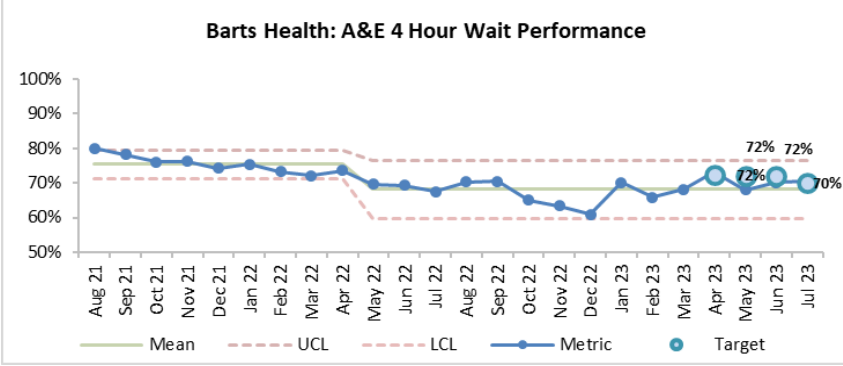
Note to table:

- The A&E target presents monthly trajectory values designed to deliver the national ambition of 76% 4-hour performance by March 2024
- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

RESPONSIVE
Urgent & Emergency
Care

A&E 4 Hour Waiting Time

Sep-23



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours.

As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

Trust Performance Overview

- In July 2023, 42,861 attendances were recorded, 133 (-0.3%) fewer attendances than June.
- A&E 4-hour performance for July increased slightly from 70.1% in June 2023 to 70.4%.

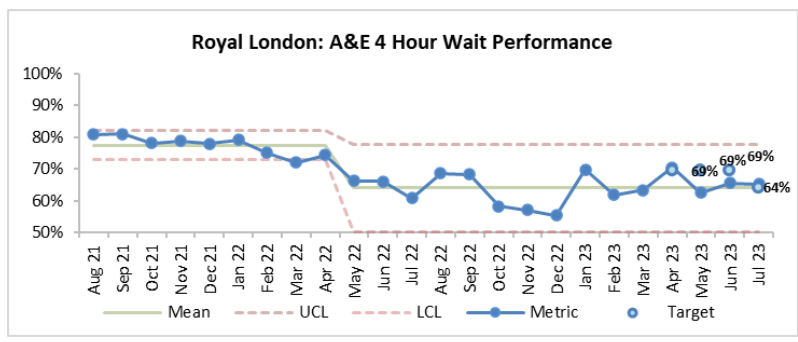
What is the Chart Telling us:

The data records a reducing trend in relation to performance against the 4-hour standard since the start of the data-series in August 2021. A reducing step-change is triggered from April 2022 resulting from a run of 8 data-points below the mean. A degree of variability is visible in the data from December 2022, with that month recording the lowest performance in the data-series and April 2023 recording the highest since April 2022. A degree of consistency above the 70% threshold is then visible in the data across June and July 23.

Trust Responsible Director Update

- **Overall Performance** Group A&E 4 hour wait performance is currently below its set trajectories, although there is variance across hospitals. Whipps Cross continues to deliver at, or above, trajectory. Some improvement in performance is evident at Newham, whilst RLH is furthest away from its set trajectory. The Urgent Care Board continues to oversee the re-setting of improvement plans for UEC, particularly supporting delivery at RLH and Newham. Visibility of the RLH recovery plan will be an area of focus. This will include both the short-term opportunities to increase Urgent Treatment Centre (UTC) performance at RLH, supported by both an NHS NEL UTC review as well as a series of performance improvement opportunities identified by the RLH team. Performance at NUH is expected to improve in line with recent senior clinical and managerial appointments.
- **Industrial Action** Further industrial action (IA) by the British Medical Association (BMA) continued into August, again combining action by both Junior and Consultant Doctors. Our Group and Hospital planning and control mechanisms continue to operate well in relation to patients on our unplanned care pathways. Performance has been maintained during the IA periods, despite continued high volumes of demand. Of particular note is the improved flow at RLH observed during the IA periods, with a clear link to more senior decision making at these times. The RLH team is committed to taking this learning into the UEC recovery programme. Further periods of IA continue to be planned by the BMA.
- **W45 Pilot** This pilot continues to show improvements in Category 2 waiting times for ambulances. Hospitals are, however, expressing concern in relation to the combined effect of W45 steps and increased winter pressures. We are actively participating in an NHS NEL review of W45.
- **Winter Planning** The Trust's new Director of UEC has started and one of the early programmes of work will include the production of the Group's winter plan which will link with the NEL winter planning process and the recent NHSE letter and guidance. This will include developing plans in line with the national high impact interventions.

A&E 4 Hour Waiting Time

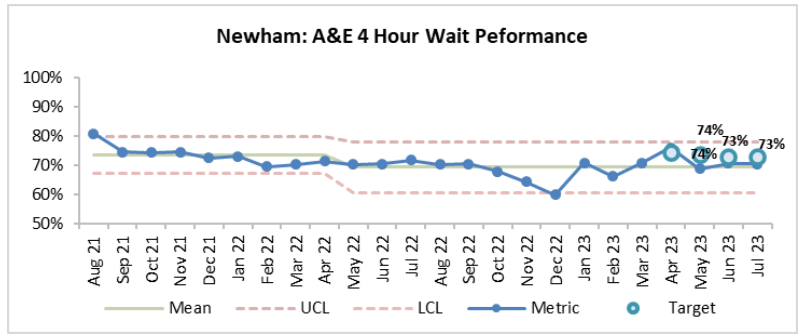
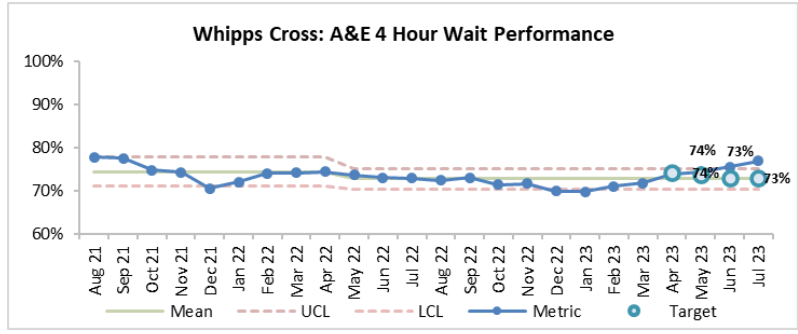


Hospital Site Performance Overview

Whipps Cross:
For July 2023 Whipps Cross recorded a performance of 77.0%, an improvement of 1.4% against June's 75.6%. Between June and July attendances reduced by 101 from 13,036 to 12,935, a reduction of 1.0%.

Newham:
For July 2023 Newham recorded a performance of 70.5%, a reduction of 0.2% against June's 70.7%. Between June and July attendances increased by 52 from 12,761 to 12,813, a reduction of 0.4%.

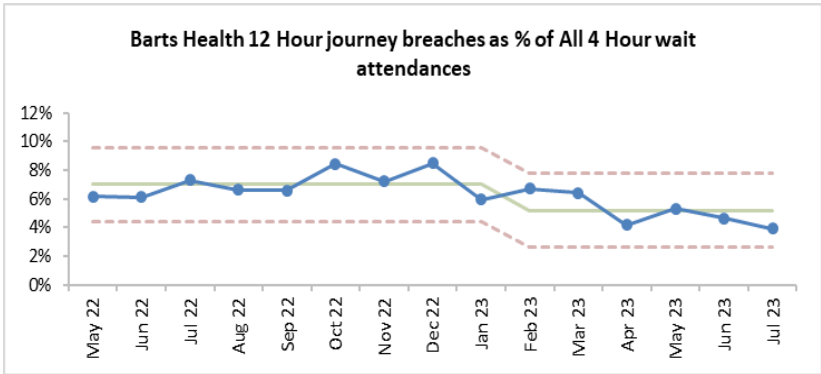
Royal London:
For July 2023 the Royal London recorded a performance of 65.3%, a reduction of 0.2% against June's 65.5%. Between June and July attendances reduced by 98 from 17,197 to 17,099, a reduction of 1%.



RESPONSIVE Urgent & Emergency Care

A&E 12 Hrs Journey time

Sep-23



Indicator Background:

The NHS has two methods for measuring twelve-hour A&E waiting times. The first, also referred to as “trolley waits”, refers to the elapsed time from the point a decision is made to admit a patient to the point the patient leaves A&E to be admitted to a hospital bed. As such the standard only measures waiting time against the twelve-hour threshold for patients requiring admission and does not include the period prior to a decision to admit being made.

The second method measures the elapsed time from the moment a patient attends A&E to the time they are admitted, discharged or transferred. As such this version of the standard is referred to as the “total journey time” as it measures all elements of the patients journey regardless of whether or not they require admission.

Both versions of the standard are designed to measure and improve patient experience and clinical care. However, it is the “journey time” standard reported in this section of the performance report. 12 hour journey time is a key performance and safety metric with the Royal College of Emergency Medicine noting a correlation of long waits in EDs to potential patient harm and clinical outcome.

Trust Performance Overview

Hospital site performance:
The proportion of patients with an A&E 12-hour journey time reduced from 4.7% in June to 3.9% in July (-0.8%), against a national standard of no greater than 2%.

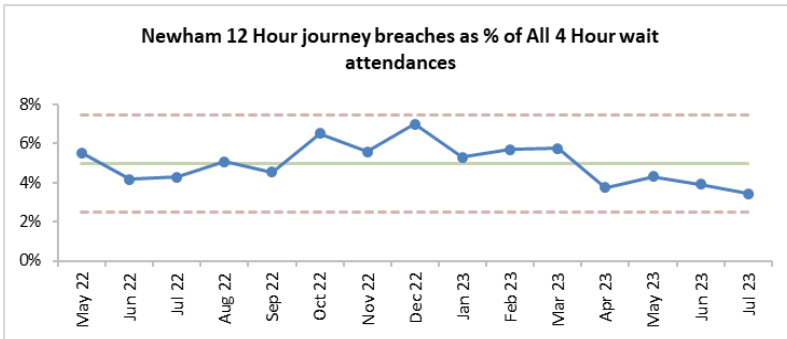
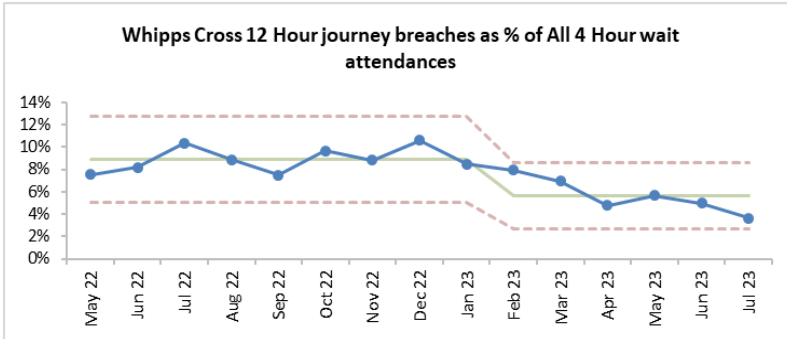
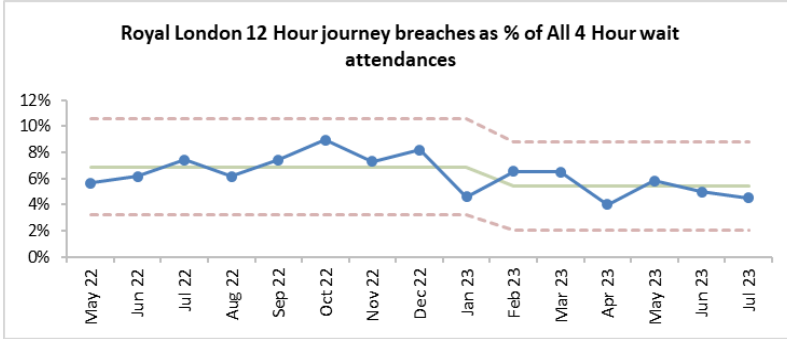
What is the Chart Telling us:

The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper and lower confidence limits, however a reducing step-change is visible in the data from January 23.

April 2023 recorded the lowest proportion of 12-hour breaches up to that point in the data-series at 4.2%. However, July performance is below that benchmark at 3.9%.

Trust Responsible Director Update

- **Twelve hour waiting time** Patients with mental health needs continue to be disproportionately represented in the Group's overall 12 hour position, a particular pressure at Whipps Cross. The overall volume of 12 hour waits has continued to reduce in August to approximately 4% from an historic high of 11%. The Urgent Care Board (UCB) and specifically the hospital recovery plans, continue to focus on the underlying reasons for extended waits in the Emergency Department.
- **Mental Health** Patients requiring care in a mental health setting continue to spend unacceptable periods of time in the Group's emergency departments, some longer than 12 hours. There may be some recent evidence of a reduction in waiting times for these patients. In response to this on-going issue, in addition to the NEL commissioned summit, Bart's Health, through the Group Executive Board, has agreed a CNO led review of mental health care in ED with a particular focus on short-term opportunities for improvement. This work, over the next 4-6 weeks, will begin with a peer review assessment.



Mean UCL LCL Metric Target

Hospital Site Performance Overview

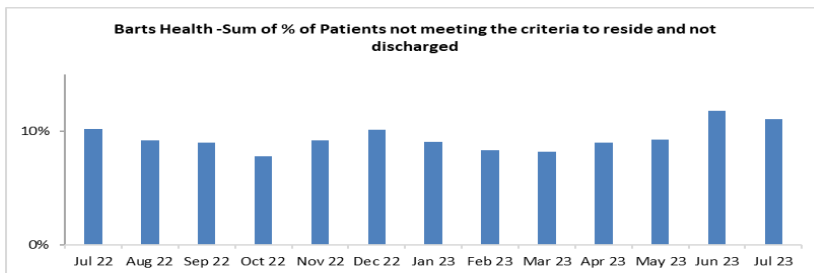
Royal London:
The proportion of 12-hour wait times recorded at the Royal London was 4.5% for July 2023, an decrease of 0.5% against June’s 5.0%.

Whipps Cross:
The proportion of 12-hour wait times recorded at Whipps Cross was 3.6% for July 2023, an decrease of 1.4% against June’s 5.0%.

Newham:
The proportion of 12-hour wait times recorded at Newham was 3.4% for July 2023, a decrease of 0.5% against May’s 3.9%.

The number and proportion of 12-hour breaches is heavily influenced by the pressure A&E’s are under, including patient flow challenges for example the early availability of inpatient beds and general availability of beds due to increased length of stay.

Percentage of beds occupied by patients who no longer meet the criteria to reside



Trust Performance Overview

In July 2023 11.0% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 716 patients (average across the month of 23 patients a day) and a total of 4,473 bed days.

- Royal London: 13.0% equivalent to 306 patients, average across the month of 10 patients a day.
- Whipps Cross: 14.5% equivalent to 273 patients, average across the month of 9 patients a day.
- Newham: 9.33% equivalent to 117 patients, average across the month of 4 patients a day.
- St Bart's: 1.3% equivalent to 23 patients, average across the month of less than 1 patient per day

Indicator Background:

home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. Not only is this bad for patients but it also means the bed cannot be used for someone who needs it, either waiting for admission from A&E or waiting for an elective admission from the waiting list.

In order to focus attention on this issue all hospitals are required to review their patients every day against what are known as the "criteria to reside". Where a patient no longer needs to be in a hospital bed then they also no longer meet the criteria to reside and should have an active plan in place to discharge them, in some cases with support from health and social care services, or they may require a residential placement in a community setting. Lack of community resources or inefficient hospital discharge processes can result in such patients remaining in a hospital bed.

It is these patients that are reported in this section of the Board report. While there is no national target, the number and proportion of no criteria to reside patients should be as small as possible and reducing over time.

A new national discharge ready metric is being introduced and will be reported on a daily basis, this will replace the 'no criteria to reside' category. This return and discharge processes requires continuing close partnership working between Local Authorities, social care colleagues and acute providers.

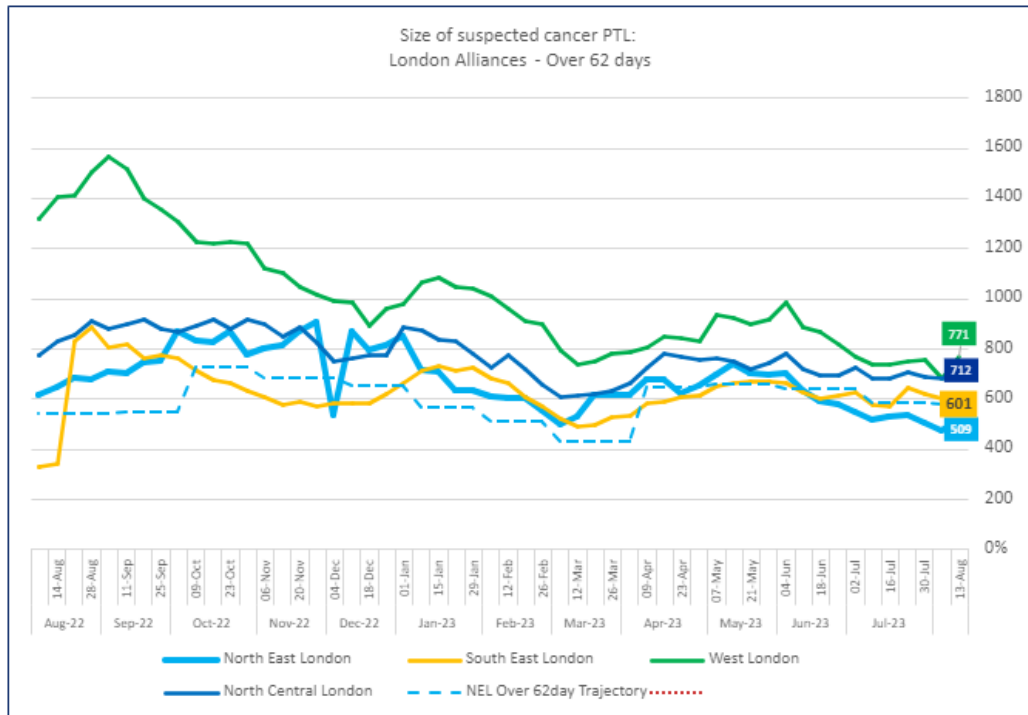
Trust Responsible Director Update

- **Discharge activity** The Group's transformation and improvement team, along with hospital leadership teams, are focussing closely on the opportunities to increase the overall volume of discharges achieved, along with an increase in the number of patients discharged before 11 a.m. This has been shown to be a key opportunity in relation to improving hospital flow. The most recent data suggests Group performance of 10.3% against the national ambition of 33%, with RLH at 12%, with St. Bart's at 12%, Whipp's Cross at 9% and Newham at 7%. Metrics related to flow will be a key element of the benefits realised through the work of the Improvement and Transformation team.
- **Hospital plans**, supported by our Improvement and Transformation teams, are focusing on improved capacity and capability in Same Day Emergency Care, Virtual Wards and Flow. These workstreams should allow UCB to oversee earlier rates of discharge at its weekly meeting. A summary of work by site:
 1. RLH - focus on bringing discharge forward in the day and rapid release. Engagement session with RLH senior team, led by Hospital CEO, to clarify role and focus of I&T support. Communication with wards in place, launch of rapid improvement process on 10th July.
 2. NUH - focus on strengthening project plans, ownership and areas of focus. Connected with site QI team.
 3. WX - agreed focus on standing up SDEC and surgical assessment unit. Collaborative model across unplanned care, aligned to redevelopment team and site QI team.

Cancer waiting times
Benchmarking
performance

Cancer Benchmarking Against Other Trusts

Sep-23



13-Aug	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	509	+36	6.2%	8187
North Central London	712	+29	8.6%	8246
South East London	601	+2	7.1%	8486
West London	771	+87	4.9%	15635
England	21534	+518	8.7%	247256

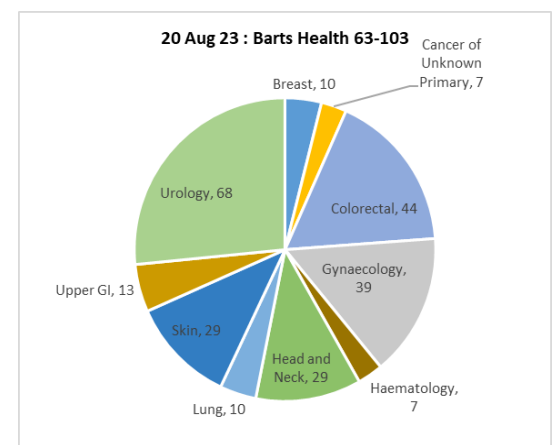
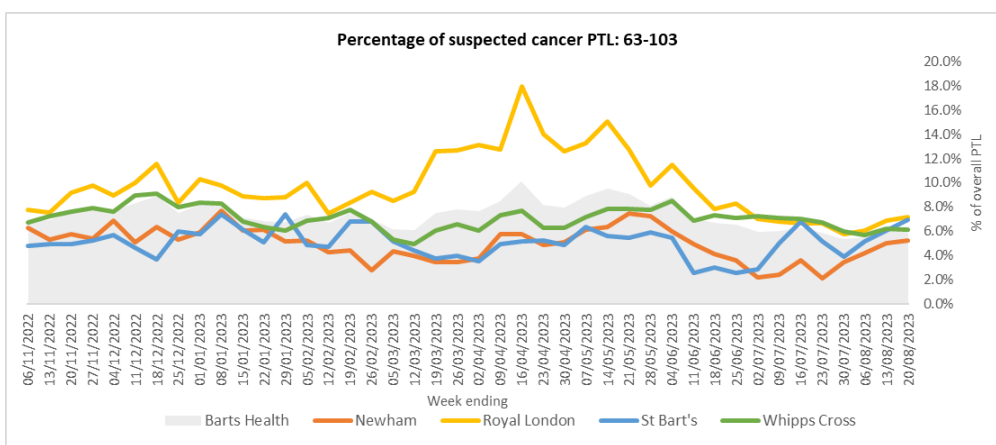
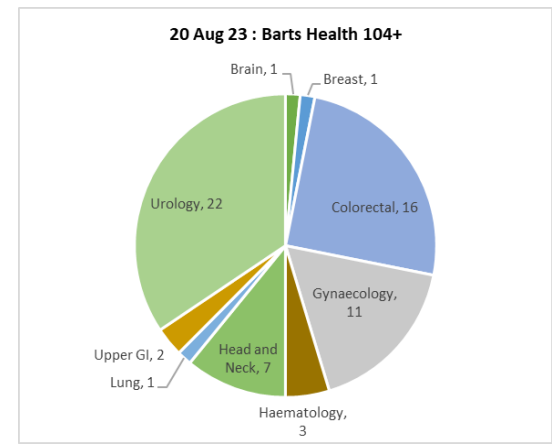
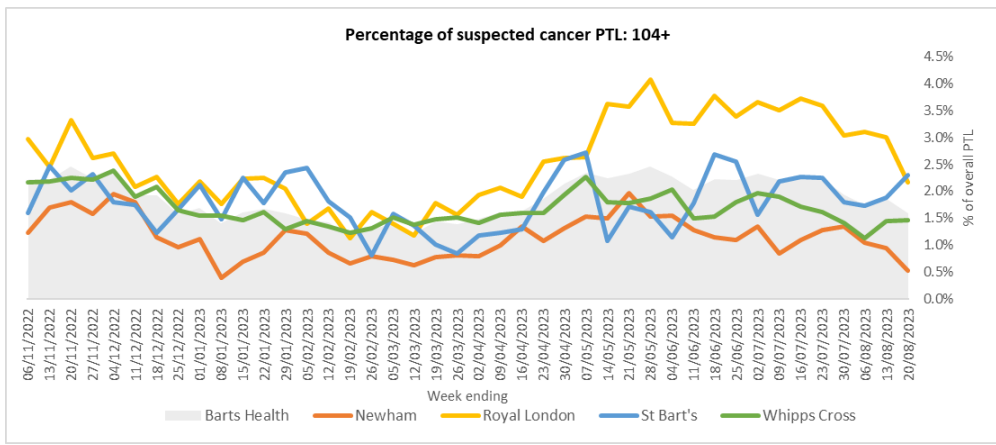
13-Aug	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	509	+36	6.2%	67
Barking	165	+7	4.7%	38
Barts Health	319	+28	8.4%	39
Homerton Univ	25	+1	2.8%	0
London	2593	+154	6.4%	

- In June, in the published CWT standards, Barts Health achieved 4 of the 10 constitutional standards.
- As at 17th August 2023, North East London (NEL) has the second lowest overall backlog within London Integrated Care Boards, with 509 patients over 62 days, at 6.2% compared to West London who had a backlog of 4.9%.
- The Barts Health backlog had reduced from >12% in May to 8.62% in August with 403 patients waiting over 62 days. The reasons for this decrease are set out in the following slides.
- Due to the previous level of backlog as at May 2023, NHS England placed Barts Health into Tier Two, which has involved bi-weekly assurance meetings established from 15th June and will continue until December 2023.
- An >63 day clinical review commenced at the beginning of June, chaired by the trusts Group Chief Operating Officer, also involving the Cancer Clinical Lead, Group Director and hospital senior managers. Themes for improvement have been identified, and to date reviews of Urology, Colorectal Gynae and ENT have taken place. A further group-wide Urology review is taking place mid August.
- NHS England wrote to CEOs on 17th August regarding changes to Cancer Waiting Time (CWT) Standard changes from 1st October 2023 which will reduce from 10 to 3, with focus on Faster Diagnosis Standard, 31-Day and 62-Day Standard. The group has already commenced with these reporting changes and has also started consulting with staff about them.

**RESPONSIVE
Cancer**

Cancer > 63 Waiting List Backlog

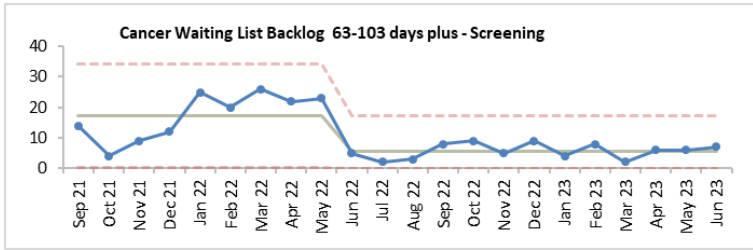
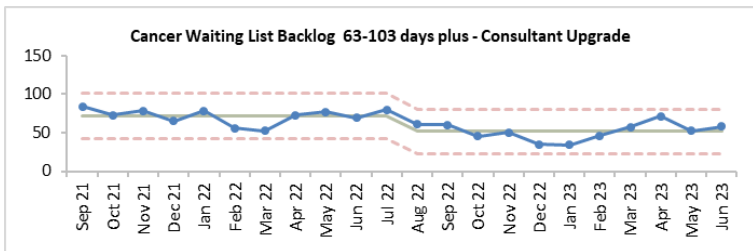
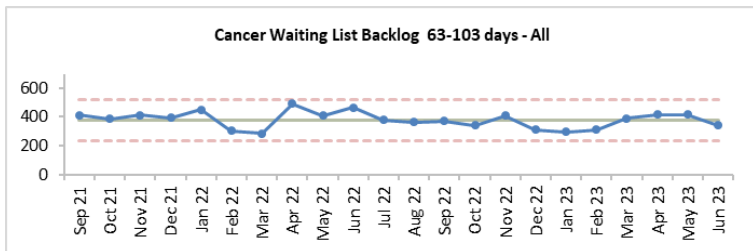
Sep-23



**RESPONSIVE
Cancer**

Cancer 63 -103 Waiting List Backlog

Sep-23



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme or by a consultant upgrading the urgency of their referral, should be treated within 62 days.

What is the Chart Telling us:

Despite reducing step-changes for 63+ day backlog resulting from Consultant Upgrade and Screening service referrals this has not been sufficient to drive a reducing step-change against All 63+ day backlog, with three of the last four data points showing an increase, with a slight reduction in May and June.

Trust Performance Overview

The NHS has set the reduction in the number of patients waiting more than 62-days from an urgent referral to treatment as a priority for 2023/24. This requires the trust to reduce backlog to no greater than 279 patients, pre-pandemic levels, by March 2024.

The July 2023 backlog reduction milestone is set at 358 against which the trust recorded 318, 40 better than plan.

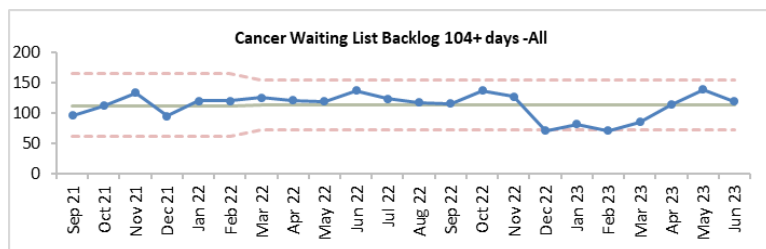
Trust Responsible Director Update

- As at 22nd August the total backlog over 63 days is 403, of which 324 are GP referrals, 72 are consultant upgrades and 7 are screening.
- The biggest tumour group involved is Urology comprising 122 patients, a group wide clinical review is planned by mid August led by the Clinical Director for Cancer and the Urology network lead. Following on from this an action plan will be developed.
- Deep dives continue within Colorectal, ENT and Gynae which also have significant backlogs. These deeps dives focus on diagnostics, histopathology and adherence to the access policy to ensure patients progress on their pathway in a timely manner.
- A follow up meeting on MDT improvements is planned for the beginning of October, following a successful launch in July.
- Any patient who breaches the cancer standards would go through the trust clinical harm review process.

RESPONSIVE
Urgent & Emergency
Care

Cancer 104+ Waiting List Backlog

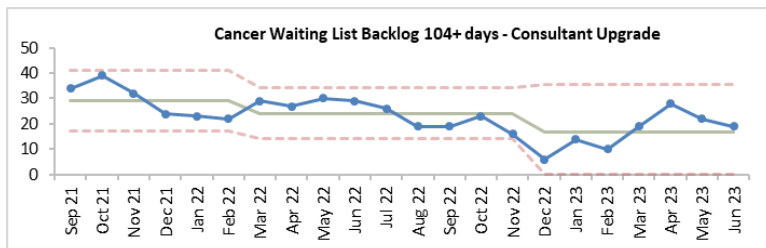
Sep-23



Indicator Background:

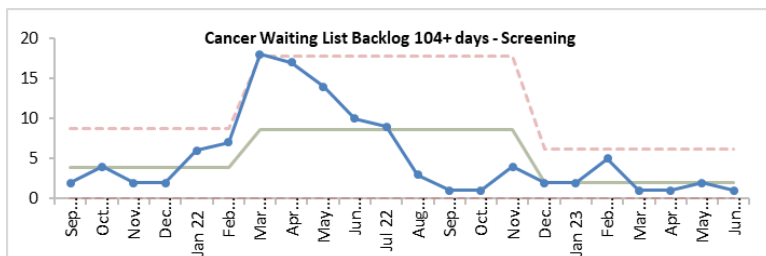
The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme or by a consultant upgrading the urgency of the referral should be treated within 62 days.

The NHS has made it a priority to clear this backlog with the number of patients waiting longer than 62 days no greater than at the start of the Covid pandemic by March 2024.



What is the Chart Telling us:

For Consultant Upgrade and Screening the charts present reducing step-changes in the data series resulting from a run of 8 data-points below the preceding mean, meaning backlog has reduced over the course of the charts time-series. However, the reductions have been insufficient to drive a reducing step change against All patients waiting with the last three data points recording an increase in backlog.

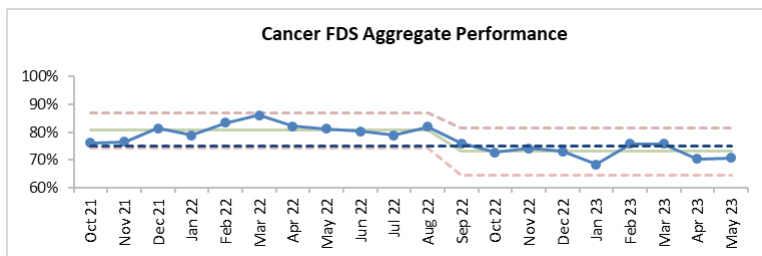


Trust Performance Overview

The charts opposite present the 99 cancer pathways waiting greater than 104 days at the end of June 23, a reduction of 16 against the May position. The charts present the number of patients waiting by All referrals, Consultant Upgrade and Screening service referrals. This represents all patients waiting 104 days and above. All of these patients would go through the clinical harm review process, once treated.

RESPONSIVE

Cancer Faster Diagnosis Standard Metrics (FDS) Sep-23



Metric Name	May-23			Jun-23		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	2,655	778	70.7%	3039	868	71.4%
Cancer 28 Day FDS Breast Symptomatic	180	2	98.9%	188	2	98.9%
Cancer 28 Day FDS Screening	43	0	100.0%	35	3	91.4%

Breakdown by Tumour Sites Failing 28 Day FDS Standard (Aggregate) - Jun-23			
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,039	868	71.4%
Brain/CNS	3	1	66.7%
Upper Gastrointestinal	211	77	63.5%
Haematological	13	5	61.5%
Gynaecological	327	129	60.6%
Head and Neck	270	115	57.4%
Other	2	1	50.0%
Urological	229	140	38.9%
Lower Gastrointestinal	505	309	38.8%
Testicular	14	10	28.6%

Indicator Background:

Over the last two years the 28-day Faster Diagnosis Standard has been introduced. The standard requires at least 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, to have cancer ruled out or receive a diagnosis within 28 days.

The Faster Diagnosis Standard is considered a better measure for clinical care and patient experience than the two-week wait target. The two-week wait target simply measured the time from referral to seeing a specialist, it did not measure waiting times for diagnostic tests, results reporting and for the patients to be told whether or not they have cancer. However two-week waiting times continue to be reported to the NHS and are included on the next page.

What is the Chart Telling us:

The chart presents performance against the Aggregate element of the standard. For the period October 2021 to September 2022 compliance was achieved against the 75% standard, however the Trust was non-compliant for the period October 2022 to January 2023. For February and March 23 the trust returned to compliance, however the standard has not been achieved across April to June 23. A reducing step-change in performance is visible from August 22.

Trust Performance Overview

For June 2023 the Trust achieved the standard for Breast Symptomatic (98.9%) and Screening referrals (91.4%), however did not achieve the standard for urgent two week wait referrals (69.4%), this resulted in the trust failing to achieve the standard for All (aggregated) referrals, recording a performance of 71.4%, an increase of 0.7% against May's 70.7%.

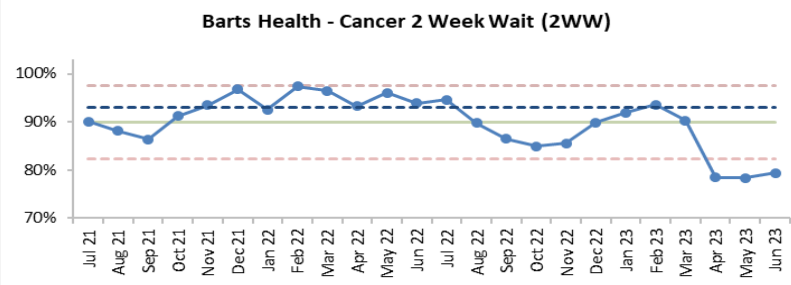
Trust Responsible Director Update

- Faster Diagnosis Standard (FDS) 2 week wait (2WW) performance for June was 69.4% with several tumour groups not being able to meet the 75% target.
- Upper Gastrointestinal (UGI) had reduced workforce and were a room down due to the replacement of decontamination equipment. To help mitigate this they are using the Early Diagnostic centre (EDC). Haematology had 5 complex patients who required multiple diagnostics. Gynae had staff absence which led to challenges diagnosing patients within target timelines - this has since been resolved. Ear Nose and Throat (ENT) have been able to recover the 2WW standard in July, which means patients will have earlier diagnostics moving forwards. Urology have some diagnostic challenges, which is being picked up through the clinical review process where an action plan will be developed which includes Testicular. Colorectal is exploring straight to test opportunities, and waiting time improvements will be monitored through the BH Endoscopy meeting which is overseen by the Group Director for Cancer & Diagnostics.

RESPONSIVE

Cancer 2 Week Wait

Sep-23



Indicator Background:

The Cancer two-week wait standard has been in place for many years and requires at least 93% of patients urgently referred by their GP for suspected cancer to receive a first outpatient appointment within two-weeks. The standard also requires 93% of patients with breast symptoms, where cancer is not suspected, to receive a first hospital assessment within two-weeks.

Over the course of the last two years the 28-day Faster Diagnosis Standard, reported on the previous page, has been introduced as a better measure of clinical care and patient experience as it includes waiting times for diagnostic tests, results reporting and for the patient to be told whether or not they have cancer.

Cancer 2WW Breakdown by Site - Jun-23

Site	Seen	Breaches	Performance	Target
Royal London	1,148	256	77.7%	93.0%
Whipps Cross	1,815	358	80.3%	93.0%
Newham	558	29	94.8%	93.0%
St Bart's	350	154	56.0%	93.0%
Barts Health	3,871	797	79.4%	93.0%

What is the Chart Telling us:

The chart details a period of variable performance against the 93% standard for the period July 2021 to January 2022. However, the Trust returned to compliance between February 2022 and July 2022, before returning to non compliance between August 2022 to January 2023. The Trust has been non compliant since March 2023 with April, May and June's performance dropping below the lower confidence limit, a significant reducing change in performance.

Breakdown by Tumour Sites Failing Cancer 2WW Standard - Jun-23

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,871	797	79.4%
Brain/CNS	2	1	50.0%
Breast	802	381	52.5%
Gynaecological	386	118	69.4%
Skin	721	165	77.1%
Head and Neck	507	66	87.0%
Upper Gastrointestinal	279	34	87.8%
Children's	18	2	88.9%
Lung	78	8	89.7%

Trust Performance Overview

In June 2023 a performance of 79.4% was recorded in relation to the 2 week wait standard of 93%, an improvement of 1.0% against May's 78.4%. Breaches of the standard increased from 731 in May to 797 in June (+66), however the number of patients seen increased by 492 across the same period meaning the proportion of patients breaching the standard reduced.

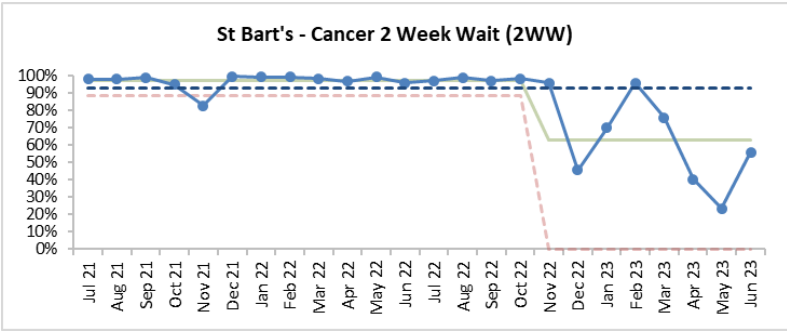
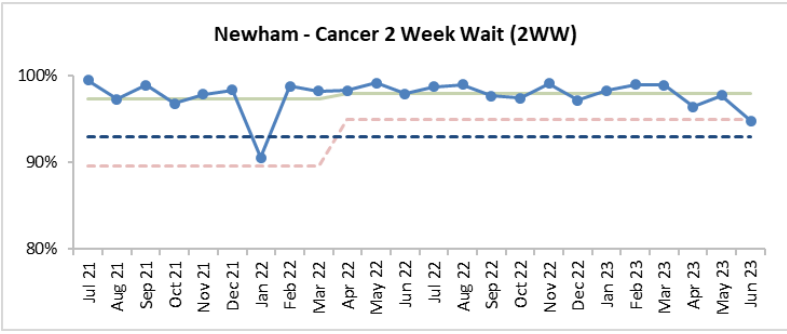
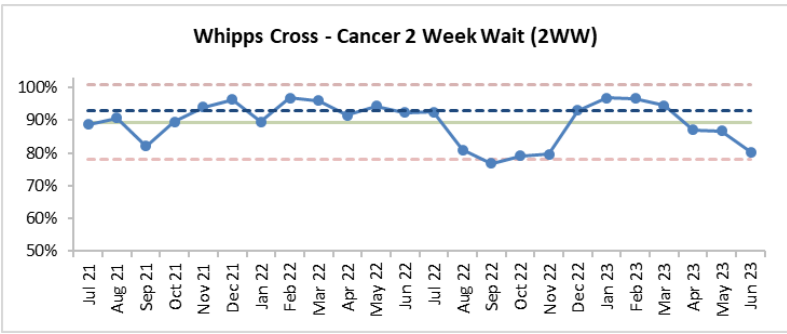
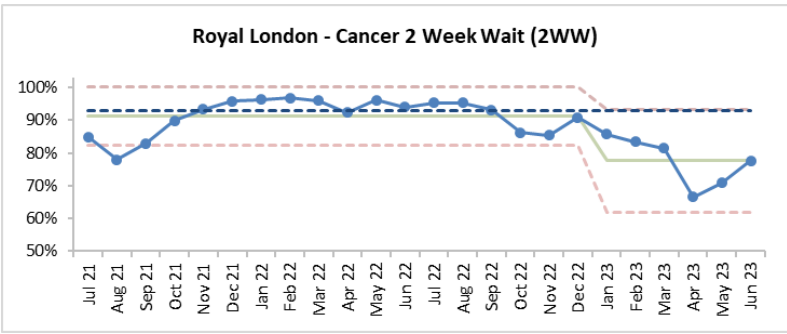
Trust Responsible Director Update

- June 2WW performance was 79.4%, a 1% increase from May, however there was also an increase in referrals of 12.7%.
- The group has achieved the 2WW standard in July and is on target to achieve this in August, even with the recent Industrial Action (IA).
- The challenges in June were all related to workforce shortfalls in Breast and Gynae, which have both since been addressed. There have been seasonal referral increases within Skin. ENT had a recovery trajectory which it complied with in July, supported by a new triaging process.

RESPONSIVE

Cancer 2 Week Wait

Sep-23



Mean UCL LCL Metric Target

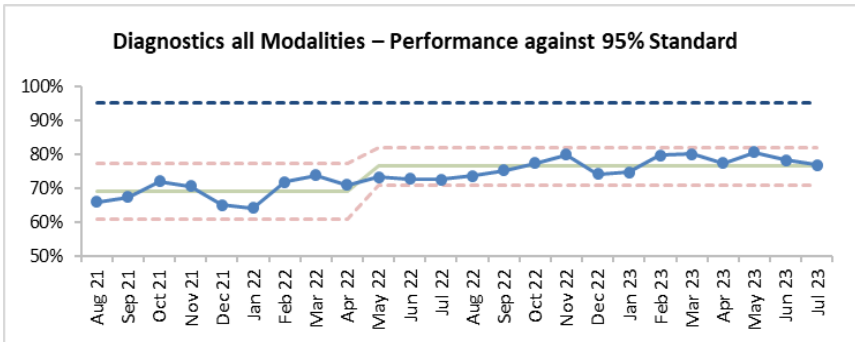
Performance by hospital site against the 93% standard for June 23:

- Newham: 94.8%, this exceeded the national standard.
- Whipps Cross: 80.3%, the greatest volume of breaches were recorded in Breast and Gynaecology, there were 358 breaches overall against 1,815 total referrals.
- Royal London: 77.7%, the greatest volume of breaches were recorded in Skin, Head and Neck and Upper GI, there were 256 breaches overall against 1,148 total referrals.
- St Bart's: 56.0%, all breaches recorded for the month were in the Breast pathway, there were 154 breaches in Breast against 301 referrals for that service, resulting in a performance of 48.8% for Breast.

RESPONSIVE

Diagnostic Waits Over 6 Weeks

Sep-23



Indicator Background:

During the period when Referral to Treatment was being introduced across the NHS three key stages of treatment were identified, each to take no longer than six weeks, 18 weeks in total. The three key stages of treatment were:

1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

As part of the drive to reduce overall waiting times a 6-week maximum wait was set to receive a diagnostic test following referral for a test with an operational standard set of 99% of patients receiving their test within 6-weeks. The standard applies to a basket of 15 diagnostic modalities across imaging, endoscopy and physiological measurement. As part of the Covid pandemic recovery process a target of 95% has been set across the NHS to be achieved by March 2025.

Trust Performance Overview

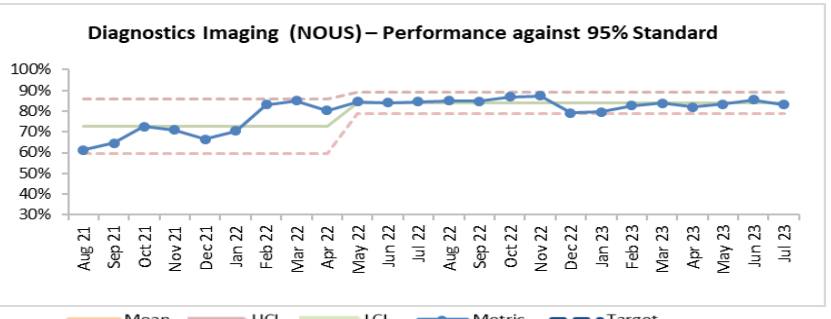
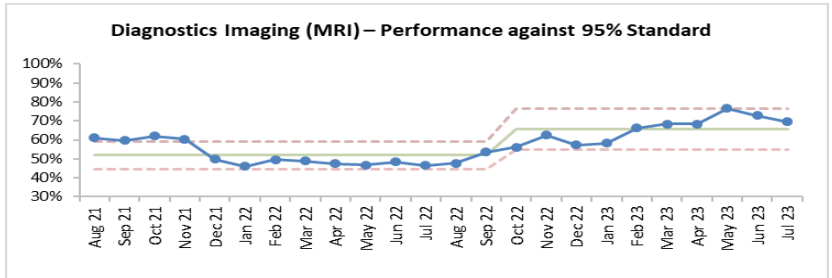
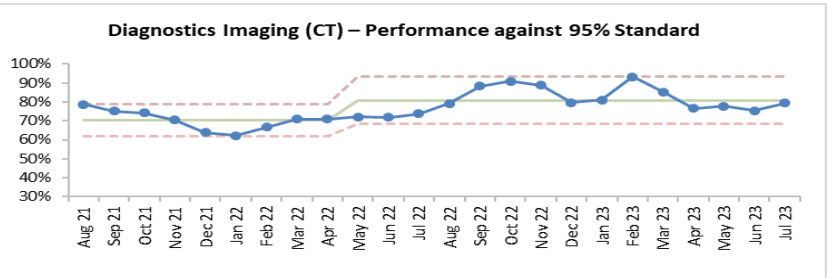
Overall DM01 performance declined by 1.6% from June to 76.8% in July. Endoscopy achieved > 80% in July against all three modalities, with particular challenges in Gastroscopy and Flexi Sigmoidoscopy at one hospital site. Imaging modalities are delivering overall against operating plan recovery aggregate performance commitments for: MRI, CT and non-obstetric ultrasound (NOUS) (79.9% vs 79.6% plan). The greatest challenges are related to MRI long waits, Cardiac CT long waits and performance, and non-obstetric ultrasound (NOUS) waiting list sizes.

Non-Obstetric Ultrasound and MRI breaches account for 36.1% and 20.0% of all DM01 breaches at the end of July 2023 - a similar position to June 2023. CT 6 week wait performance is not compliant (79.3%) but has improved. This is directly associated with cardiac CT (58.2%). Dexa performance has improved month on month (89.8%) associated with mitigations put in place at the Royal London, and these challenges are not expected to be long-term. Barium Enema performance is 100% and there are no operational concerns with this area.

What is the Chart Telling us:

An increasing step-change (resulting from a run of 8 data-points above the preceding mean) may be observed from April 2022. This suggests a point in time where process changes started to drive breach reductions and performance improvement. Performance has been above or at the mean for the last six consecutive data points.

RESPONSIVE **Diagnostic Imaging Waits Over 6 Weeks** **Sep-23**



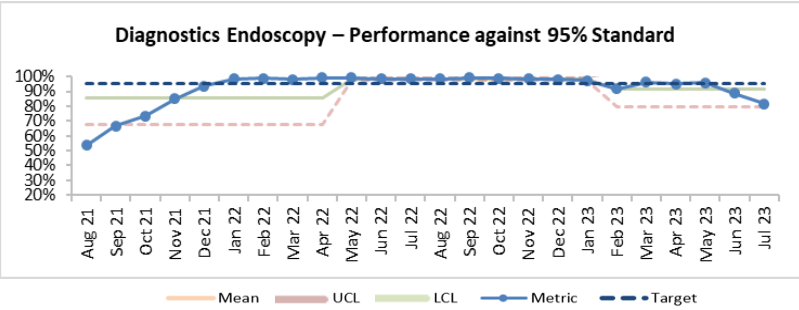
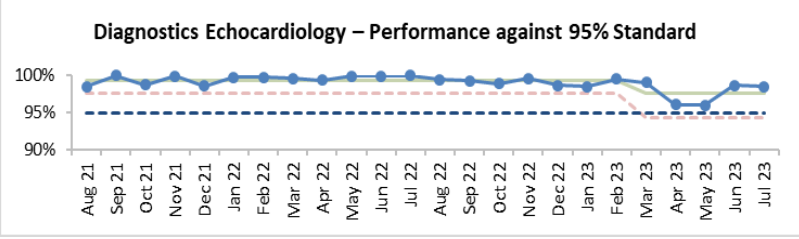
Test Name	Jun-23			Jul-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Magnetic Resonance Imaging	5,835	1,587	72.8%	5,481	1,670	69.5%	-3.3%
Computed Tomography	3,282	809	75.4%	3,485	721	79.3%	4.0%
Non-obstetric ultrasound	18,416	2,679	85.5%	18,005	3,022	83.2%	-2.2%
DEXA Scan	1,113	150	86.5%	1,288	131	89.8%	3.3%
Barium Enema	1	0	100.0%	0	0	100.0%	0.0%
Grand Total	28,647	5,225	81.8%	28,259	5,544	80.4%	-1.4%

Trust Responsible Director Update

NB: Modalities apart from Imaging are shown on the slide that follows

- Imaging modalities are delivering overall against operating plan recovery aggregate performance commitments for: MRI, CT and NOUS (79.9% vs 79.6% plan). Imaging performance is improving at the Royal London and Whipp’s Cross whilst it has remained broadly unchanged at Newham and St Barts due to ongoing MRI capacity and cardiac capacity constraints. Growth in demand remains a concern, but activity is delivered above plan at more than 110% of 19/20 levels and waiting list sizes are reducing. Latest data shows only 71 patients are waiting more than 13 weeks without an appointment, compared to 3,600 patients in January 2021.
- Following national guidance, reviews of pathways are continuing in support of direct access for cancer and urgent referrals and demand management opportunities. Opportunities to share MRI and CT capacity (including cardiac) across hospitals have been agreed through the use of capacity at Newham and Mile End.
- Discussions are underway to review and consolidate the medium-term dependency on mobile MRI scanners and outsourcing.
- Standardised digital solutions and standard operating procedures (SOPs) are being implemented to support enhanced patient communications and to share patient information between hospitals, supporting collaborative capacity. Some work has been completed at RLH and the next phase is to translate this across to Whipps Cross and St Barts Cardiac Imaging services and develop other SOPs.
- The Annual National Imaging Data Collection has been completed and signed off through the Elective Recovery Board. The information is used to support planning and service improvements across Barts Health; and across Northeast London through the Imaging Network. It is also used to support service benchmarking via the Model Hospital information portal.
- Work has been completed to monitor performance, activity (for all modalities) and Imaging workforce KPIs against plans. Monitoring of plans for productivity and finance KPIs are under development. Data is being reviewed by hospital teams and modality networks to understand variation in minutes booked between hospitals. Opportunities for process and productivity improvements are being developed, which should help mitigate the need for additional staff and reduce operating running costs.

RESPONSIVE **Other Diagnostic Waits Over 6 Weeks** **Sep-23**



Mean UCL LCL Metric Target

NB: Imaging Modalities are shown on the preceding slides

DM01 Breakdown by Test							
Test Name	Jun-23			Jul-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Urodynamics - pressures & flows	131	113	13.7%	120	111	7.5%	-6.2%
Audiology - Audiology Assessments	3,141	2,220	29.3%	3,166	2,112	33.3%	4.0%
Neurophysiology - peripheral neurophysiology	89	27	69.7%	175	92	47.4%	-22.2%
Cystoscopy	316	148	53.2%	297	156	47.5%	-5.7%
Respiratory physiology - sleep studies	257	51	80.2%	237	92	61.2%	-19.0%
Flexi sigmoidoscopy	189	13	93.1%	180	36	80.0%	-13.1%
Gastroscopy	985	89	91.0%	846	162	80.9%	-10.1%
Colonoscopy	985	26	97.4%	854	48	94.4%	-3.0%
Cardiology - echocardiography	1,929	26	98.7%	1,939	28	98.6%	-0.1%
Cardiology - Electrophysiology	0	0	100.0%	1	0	100.0%	0.0%
Grand Total	8,022	2,713	66.2%	7,815	2,837	63.7%	-2.5%

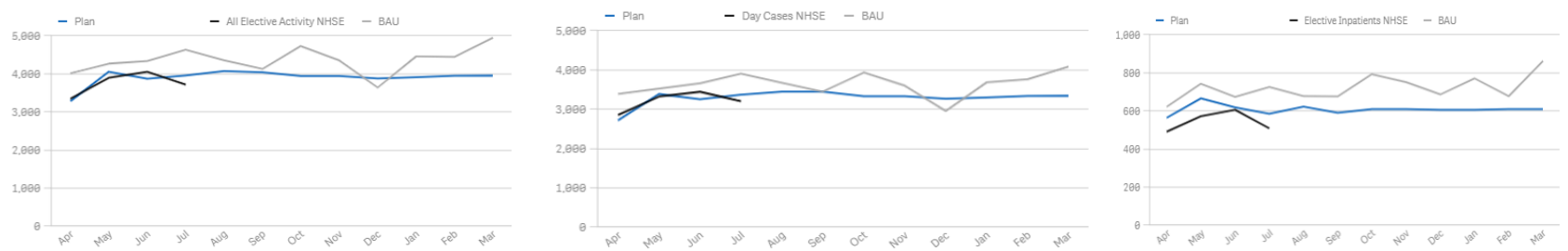
Trust Responsible Director Update

Performance deteriorated by 2.5% from June to July 2023. Details of challenges and mitigations are provided across the following modalities:

- Urodynamics is focussing on delivering cases across two sites, with the equipment and space available to do this. A workforce plan is also being developed, and new staff are being trained to carry out this test.
- Audiology is exploring using a private provider to help clear their backlog, whilst continuing to do extra sessions and exploring mutual support within North East London. A BH recovery group is being established, which will report into the Audiology Acute Provider Collaborative group.
- Neurophysiology is developing an options appraisal for additional resources to meet the demand which is being taken through the Hospital Executive Board (HEB).
- Endoscopy had two modalities that were not compliant within one hospital. A new group Endoscopy meeting was launched in August, looking at DM01 and Cancer targets along with any access validation across this area.
- Sleep studies non-compliance was down to a data quality issue within one hospital, which has been resolved and mitigation plans developed.
- Echo continues with recovery plans and was just below the 99% target in July by 0.4%.

RESPONSIVE Elective activity **Admitted Activity against Plan** **Sep-23**

		Barts Health						Last Month's Site Position			
		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,464	9,104	6,726	8,260	7,961	8,167	3,941	1,861	1,216	1,078
	Actuals	7,721	8,518	6,510	8,035	8,120	7,486	3,702	1,366	1,020	1,423
	Mth variance plan	-743	-586	-216	-225	159	-681	-239	-495	-196	345
Elective Day Case Activity	Plan	6,825	7,303	5,351	6,686	6,484	6,678	3,358	1,559	1,028	733
	Actuals	6,386	7,071	5,339	6,544	6,594	6,148	3,195	1,106	893	958
	Mth variance plan	-439	-232	-12	-142	110	-530	-163	-453	-135	225
Elective IP Activity	Plan	1,639	1,801	1,375	1,573	1,476	1,489	583	302	188	417
	Actuals	1,335	1,447	1,171	1,491	1,526	1,338	507	260	127	444
	Mth variance plan	-304	-354	-204	-82	50	-151	-76	-42	-61	27



Data As at 26/07/2023

Performance Overview

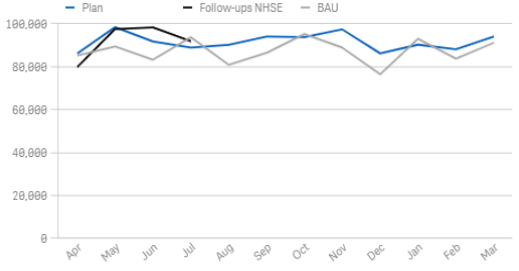
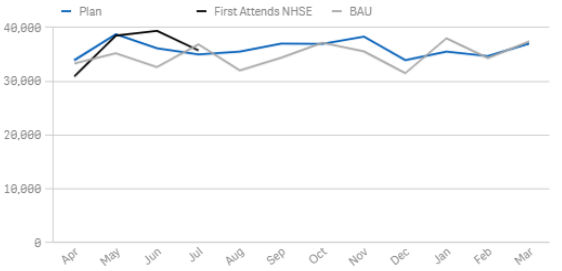
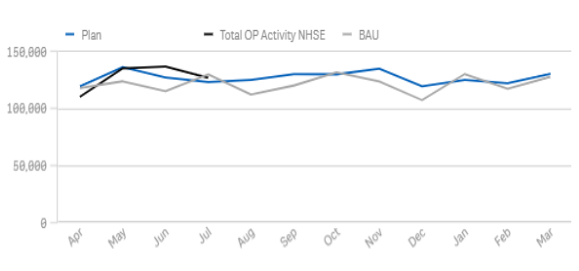
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For July 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,167 admissions against which the trust delivered 7,486 (-681 admissions).

Responsible Director Update

- The validated RTT PTL for July 23 was 121,033 which is an increase of 2,062 pathways from June 23.
- During July 23, 376 elective cases were cancelled due to Industrial action. Had this not happened the Trust would still have been 305 cases under plan with St Barts continuing to achieve above plan trajectories. As per previous periods of Industrial Action, there is under utilised capacity which has not been quantified in the cancellation numbers as hospital operational teams avoid booking into slots that may have to be cancelled.
- In August 23, to date 218 elective cases have been cancelled due to industrial action. This number is expected to increase further.
- The cross site surgical optimisation group is due to feedback on progress at the September 23 Elective Recovery Board (ERB) with a review of Terms of reference to look at how we go further with the movement of high volume, low complexity cases across the Trust.

RESPONSIVE Elective activity **Non Admitted Activity against Plan** Sep-23

		Barts Health						Last Month's Site Position			
		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Royal London	Whipps Cross	Newham	St Bart's
Total OP Activity	Plan	122,446	128,044	119,595	136,608	127,368	123,379	51,873	29,684	19,366	22,455
	Actuals	124,288	137,312	110,402	135,500	137,127	127,118	52,151	29,809	21,376	23,701
	Mth variance plan	1,842	9,268	-9,193	-1,108	9,759	3,739	278	125	2,010	1,246
Outpatient First	Plan	39,022	40,608	33,777	38,575	35,970	34,843	14,230	11,564	4,394	4,654
	Actuals	34,328	37,337	30,790	38,333	39,217	35,586	14,223	10,773	5,373	5,217
	Mth variance plan	-4,694	-3,271	-2,987	-242	3,247	743	-7	-791	979	563
Outpatient F/up	Plan	83,424	87,436	85,818	98,033	91,398	88,536	37,643	18,120	14,972	17,801
	Actuals	89,960	99,975	79,556	97,115	97,831	91,451	37,928	19,036	16,003	18,484
	Mth variance plan	6,536	12,539	-6,262	-918	6,433	2,915	285	916	1,031	683



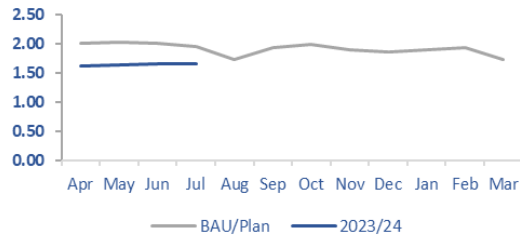
Data As at 22/08/2023

Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For July 2023 the trusts outpatient (first and follow up) trajectory set a target of 123,379 attendances, against which the trust delivered 127,118 (+3,739 attendances). 	<ul style="list-style-type: none"> As part of the Further Faster initiative, the Trust is being given £80,000 to support initiatives in line with this programme of work. The Northeast London Planned Care Director is coordinating requests on behalf of the system. Barts Health is looking to prioritise funding to support two-way text messaging to patients to validate if they still require treatment with the remaining funding used to support funding additional clinics to enable patients to be seen. For the Q1 specialties supported by the I&T programme: Patient Initiated follow-up (PIFU) in T&O PIFU has increased to 3% in July 23 from <1% in March 23. Ophthalmology PIFU for Adults and Paeds at WXH went live in July 23. For Q2 specialties PIFU SOPs are in progress for ENT, Dermatology and Gynaecology. There is a continued downward trend in the Trust DNA rate from 12.4% in June 23 to around 12% in July 23 (variation in new and follow-up). Two-way web chat at RLH and two-way SMS at WXH are being piloted to reduce the DNA in rate in Dermatology. As of 22nd August 23, 61,048 patients have enrolled onto Patient Knows Best (PKB). Phase 2 remains on track to commence in September 2023. This will include access to discharge summaries and letters to include results from diagnostics. In July 23, the Trust was above plan on outpatient 1st attendances by 743 and above plan on outpatient follow-ups by 2915. During the Industrial action in August 23, (Junior Doctors and Consultant) to date 1,271 outpatient appointments have been cancelled. It is expected this number will further increase. A paper is being produced for the Elective Recovery Board in September 23 on Counting and Coding opportunities in outpatients. A task and finish group will be established to take forwards this work across all hospitals. Work has already started within some hospitals however there is a need to standardise this across all.

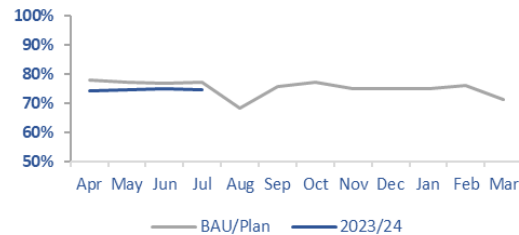
Efficiency Activity

		Barts Health						Last Month's Site Position			
		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.63	1.70	1.67	1.64	1.62	1.65	1.57	2.11	2.10	1.01
	BAU	1.94	1.72	2.02	2.03	2.01	1.96	1.92	2.71	2.42	1.02
	Mth variance plan	-0.30	-0.02	-0.34	-0.39	-0.39	-0.31	-0.34	-0.60	-0.33	-0.01
Capped Utilisation	Actuals	74.8%	73.3%	74.0%	74.6%	75.4%	74.6%	77.6%	66.0%	75.8%	77.0%
	BAU	76.0%	71.1%	77.7%	77.0%	76.8%	77.2%	76.8%	77.6%	76.3%	78.1%
	Mth variance plan	-1.2%	2.2%	-3.7%	-2.4%	-1.4%	-2.6%	0.7%	-11.6%	-0.5%	-1.0%
Day Case Rate	Actuals	59.2%	61.6%	55.6%	57.0%	58.0%	60.4%	61.2%	65.5%	77.1%	22.9%
	BAU	65.5%	61.4%	65.6%	65.9%	65.7%	64.2%	65.5%	76.3%	70.9%	13.6%
	Mth variance plan	-6.3%	0.2%	-10.0%	-8.9%	-7.7%	-3.8%	-4.2%	-10.8%	6.2%	9.3%

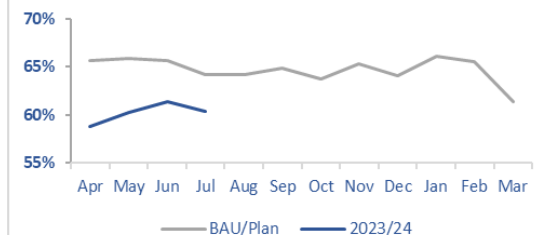
Avg Cases per 4hr Session - Trust



Capped Utilisation - Trust



Day Case Rate - Trust



Data As at 26/07/2023

Performance Overview

- Set against internal trust data for July 1.65 cases per list were achieved against a BAU of 1.96 (-0.31).
- For the same month, a capped utilisation rate of 74.6% was recorded against a BAU of 77.2% (-2.6%).
- For July a day case rate of 60.4% was recorded against a BAU of 64.2% (-3.8%).

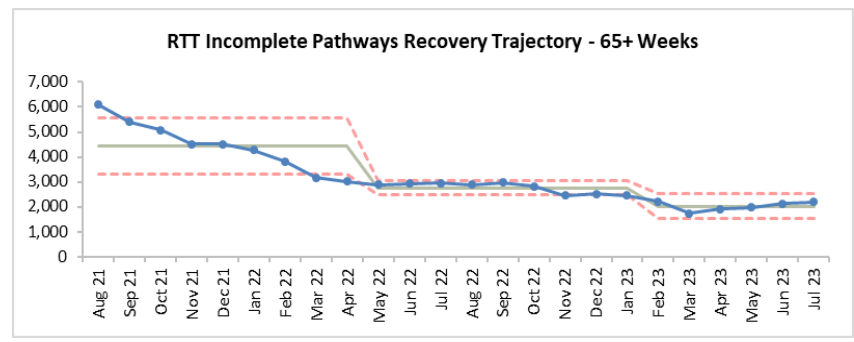
Responsible Director Update

- External theatres support has now finished at RLH and has shown a consistent improvement in achieving key metrics such as capped theatre utilisation.
- Johnson and Johnson are working on T&O theatres improvement as part of an arrangement relating to their contract. This work has started in non-elective theatres at Whipps Cross and will move to BHOC towards the end of October 23.
- Good progress has been made in validating theatre templates across all specialties at RLH and BHOC/NUH as part of the Care Coordination Solution Implementation (CCS). Work is now underway with WX. Process mapping is complete for implementation of CCS at BHOC and Newham main theatres. Trainers have been recruited and training and implementation in T&O is on schedule to begin mid September. Subsequent specialties will be agreed and rolled out thereafter.
- The outputs from recent meetings of the Cross site Surgical Optimisation Group will be brought to the Elective recovery board (ERB) for discussion.

RESPONSIVE

65+ Week RTT Activity

Sep-23



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

Trust Performance Overview

- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of July the trust recorded 2,188 pathways waiting 65+ weeks, an increase of 60 against the June position.

What are the Charts Telling us:

The SPC chart presents a sustained reduction in 65+ week waiters across the data-series. There are two reducing step-changes (resulting from a run of 8 data-points below the preceding mean) from May 22 and February 23. These suggest points in time where process changes started to drive backlog reductions. However increases in the volume 65+ week wait patients have been recorded across the period April to July 23.

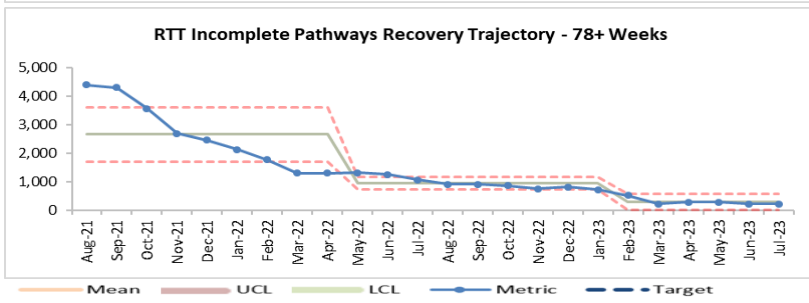
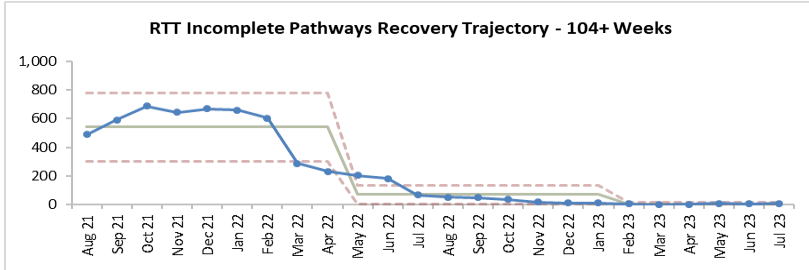
Trust Responsible Director Update

- All trusts received a letter from NHS England on 04.08.23 relating to Protecting and Expanding Elective capacity with a key focus on three areas: 1. Validation, 2. First appointment Booking (for those that will be 65 weeks by the end of March 24 to have a first appointment by 31.10.23) and 3. Reducing out-patient follow-ups. This letter asks for Board assurance under each of these key areas. A response is being prepared that will go to the Elective Recovery Board and Group Executive Board ahead of Trust Board sign off for submission on 30.09.23.
- As of 17.08.23, there were around 10,000 patients within this cohort who had not yet had a 1st appointment. A booking trajectory has been created and shared with Hospitals
- The high-level run rate for the end of March 24 65-week cohort remains on track, however work is underway with Hospitals in order to understand detailed plans, areas of risk and mitigation. Mitigated actions are being costed and this will be presented to Elective Recovery Board. Some of the mitigating actions will include collaborative capacity from other acute providers, the use of Digital Mutual Aid Solutions, Super clinics and additional theatre sessions.
- A plan is being agreed with Hospitals, to role out two-way text messaging to support the validation of patients who are in the March 24 65-week cohort. The aim is to start this the week commencing 28.08.23 and to look to contact all patients in the end of March cohort who have not been validated within the last 12 weeks. This is around 30,000 patient contacts.
- Industrial action remains a continued risk to our 65-week clearance plan.
- A weekly report is being shared with Hospitals on patients on the PTL who have not attended appointments on multiple occasions. This provides an additional mechanism to ensure the Trust Access policy is being adhered to.
- Communication around the updated access policy will go live in September 2023.
- The Elective Improvement Team and Data Quality have been undertaking refresher sessions on RTT training. Over the last 4-6 weeks, around 250 members of staff have attended face to face training.

RESPONSIVE

78+ & 104+ Week RTT Activity

Sep-23



Legend: Mean (orange line), UCL (red dashed line), LCL (green dashed line), Metric (blue line with dots), Target (dashed blue line)

Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

What are the Charts Telling us:

Both the 78+ and 104+ weeks wait SPC charts present reducing step-changes (resulting from a run of 8 data-points below the preceding mean) in both cases from April 22 and January 23. This suggests points in time where process changes started to drive backlog reductions.

Trust Performance Overview

- In relation to the RTT month-end nationally submitted data the trust reported 8 pathways waiting 104+ weeks at the end of July 2023, an increase of 2 pathways against the June position.
- In relation to 78+ week wait backlog volumes, 234 pathways were reported at the end of July, an increase of 8 against the June position.

Trust Responsible Director Update

- Of the 8 104ww breaches remaining on the PTL at the end of July 23, 1 has come off the waiting list. The others have plans and continue to be reviewed weekly to ensure treatment dates can be arranged.
- Any 104ww patients who remain on the PTL at month end have a datix submitted and a process for prospective clinical harm is being developed by the Deputy Chief Medical Officer and Clinical Harm Review Manager. This will be signed off in September 23 via the elective recovery board and the clinical harm review meeting.
- The trust validated position for 78ww breaches at the end of July 23 was 234. This was 8 more than June 23 but in line with the forecast. The Trust is aiming to achieve less than 250 breaches at the end of August and is hoping to reduce further this number in September 23 to achieve less than 200 breaches. Industrial action continues to impact on this group of patients due to a reduction in capacity and patients being displaced.

Sep-23



Equity Report



Ethnicity capture

Trust performance across A&E, Inpatients and Outpatients remains above 90%. However, there has been a marked decrease overall since December 2022 which is of concern and has been raised with site leads. There is no ethnicity capture slide in this month's report due to some slight data issues.

Equity in our waiting lists**Analysis**

The Trust has reviewed its waiting lists to identify differences in wait times between groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, learning disability status, and between groups of patients who live in wealthier post codes compared with those who live in deprived post codes. We explored differences between ethnic groups and varying levels of deprivation (by post code) at Trust, as well as hospital level. The analysis is a snapshot of data from 21st August 2023.

We now include median wait times in our analyses. This is because waiting times are often not a standard distribution and are skewed by a few very long waiters. The median is considered a better summary statistic than the mean or average in those circumstances.

Findings

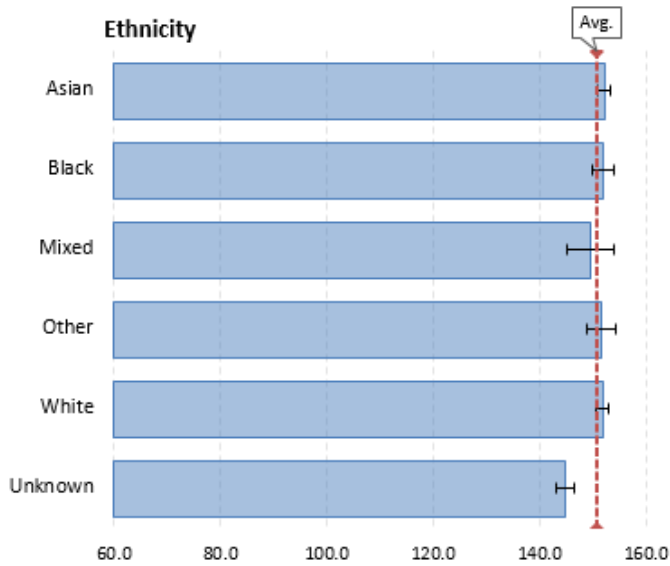
At Trust level, there are no significant differences in average wait times between ethnic groups, between male and female patients, or for patients with learning disabilities.

However, patients living in the most deprived areas wait approximately a week longer than those who live in the least deprived areas. We believe this is because of longer waits in a few services at Royal London, which serves a more deprived population. At Whipps Cross patients from deprived post codes do tend to wait slightly longer. This is not found in data from Royal London, Newham, or St. Bartholomew's.

Next steps

We are working to better understand the trend in increased waits for patients from deprived postcodes and are also working with our analytics team to improve these reports, including adding graphs which enable us to better view and interpret trends over time.

Equity - Wait Times By Ethnicity



Commentary

At Trust level, there is no practical difference in wait times between patients from known ethnic groups. This is consistent with findings from last month.

This month, the average wait by ethnic category is 150.7 days. This is 0.2 days longer than last month and is not considered materially significant. The difference in wait times between the Asian ethnic category, with the longest wait times, and the Mixed ethnic category who had the shortest wait times is 2.6 days.

Median wait times are 16 – 17 weeks for all known ethnic categories.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,646,484	37,106
Black	2,166,835	14,268
Mixed	436,885	2,920
Other	1,107,266	7,307
White	6,287,432	41,413
Unknown	3,015,864	20,840

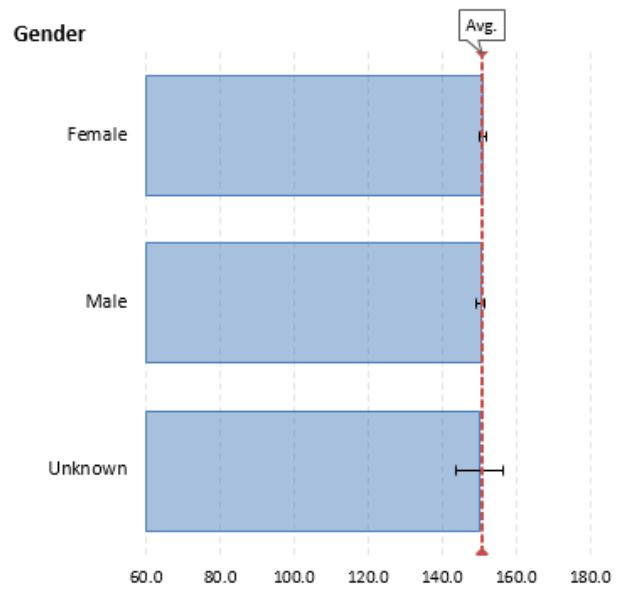
Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	152.2	150.9	153.4	16-17
Black	151.9	149.8	153.9	16-17
Mixed	149.6	145.2	154.1	16-17
Other	151.5	148.7	154.3	16-17
White	151.8	150.6	153.0	16-17
Unknown	144.7	143.1	146.3	14-15
Grand Total	150.7			16-17

RESPONSIVE

Equity – Wait Times by Gender

Sep-23



Commentary

At trust level, there is no practical difference in wait times between male and female patients, as well as those of unknown gender.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (150.4 days vs 150.9 days respectively). The median wait time is between 16-17 weeks for these two genders.

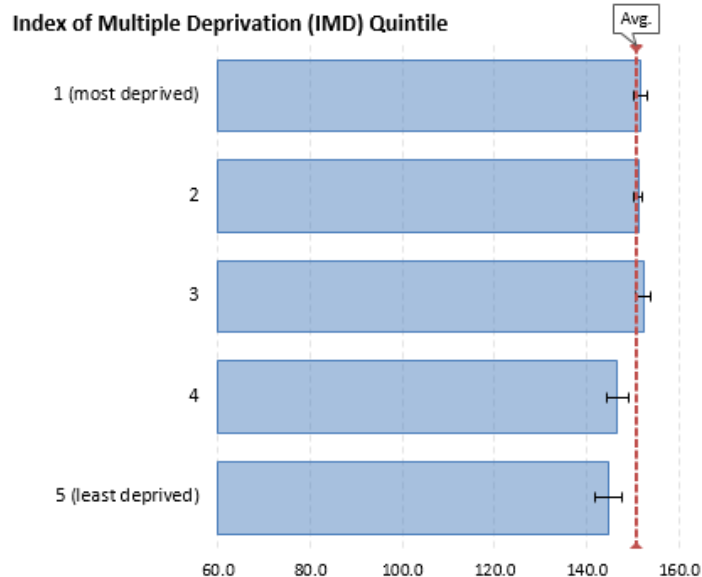
Additionally, we continue to look into gender capture rates for the 'Unknown' group. Individuals in this cohort may likely be patients that we have come into contact with less in the past through, for example, emergencies.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	10,433,608	69,144
Male	7,982,820	53,084
Unknown	244,338	1,626

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper	Median WW
Female	150.9	150.0	151.8	16-17
Male	150.4	149.3	151.4	16-17
Unknown	150.3	144.0	156.6	14-15
Grand Total	150.7			16-17



Commentary

At a Trust level, patients living in the most deprived areas wait approximately a week longer than those who live in the least deprived areas. We believe this is because of longer waits at Royal London, which serves a more deprived population.

Patients with the longest waiting times are for IMD 3 years (152.2 days). The difference in average wait times between patients living in the most deprived (IMD 1) and least deprived (IMD 5) post codes is one week which is consistent with last reporting period. The median wait time for patients from IMD 5 areas have a median wait time of 14 – 15 weeks compared with patients living in IMD 1 – 4 areas of 16 – 17 weeks.

Specialties with significantly longer wait times in IMD 1 vs IMD 5 patients include General Medicine, Neurology, Neurosurgery, and Paediatric Audiology. At a site level, there is no significant difference in mean wait times by deprivation at Royal London Hospital, Newham Hospital, or St Barts. There is a slight difference at WXH.

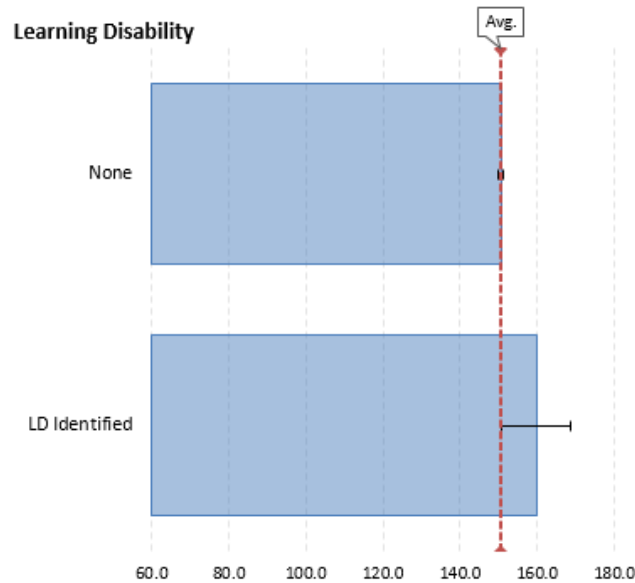
We will be investigating this further to understand underlying reasons and will continue to monitor for trends in the data.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,487,651	29,625
2	8,508,823	56,314
3	3,021,187	19,848
4	1,506,730	10,278
5 (least deprived)	874,522	6,050

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	151.5	150.1	152.9	16-17
2	151.1	150.1	152.1	16-17
3	152.2	150.5	153.9	16-17
4	146.6	144.3	148.9	16-17
5 (least deprived)	144.5	141.6	147.5	14-15
Grand Total	150.7			16-17



Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	18,537,379	123,082
LD Identified	123,387	772

Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper	Median WW
None	150.6	149.9	151.3	16-17
LD Identified	159.8	150.9	168.8	16-17
Grand Total	150.7			16-17

Commentary

This month, there is no certain difference in wait times between patients identified as having a learning disability and those who haven't.

Similar to last month's snapshot, patients with an identified learning disability wait on average 9.2 days longer. However, we cannot confidently infer if the difference in wait times is directly related to learning disability status, or if this is due to random chance. This is because the number of patients where a learning disability is identified is not large enough to detect this effect with confidence. Median wait times remains at 16 – 17 weeks for both groups.

In the past, there was a disparity in waiting times for patients with learning disabilities. We found the disparity to be due to longer waits at Royal London, particularly in Restorative Dentistry, which has a high proportion of patients in this cohort. Action taken over the last year significantly reduced the waiting times in Restorative Dentistry, and therefore, the overall waiting times for this cohort. We are working with our Analytics Team to add separate data on this specialty.

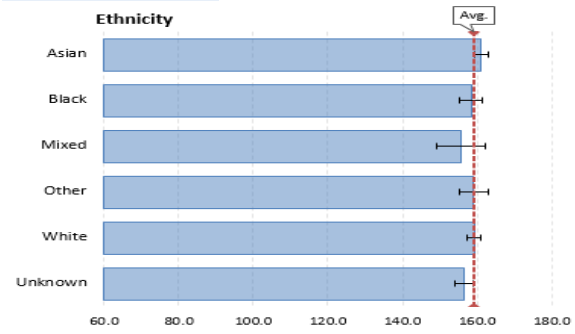
We are also working with our Analytics Team to include graphs to show trends over time.

RESPONSIVE

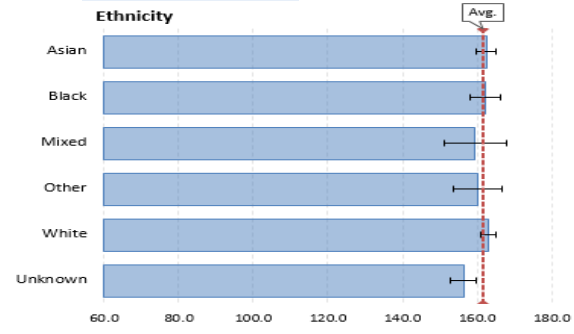
Equity - Wait Times By Ethnicity (Sites)

Sep-23

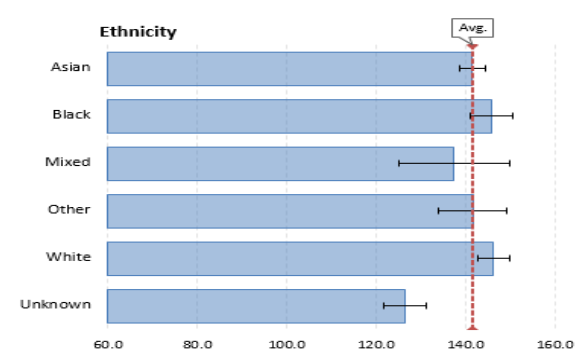
Royal London



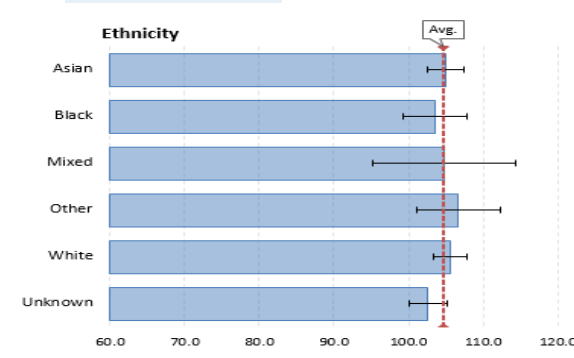
Whipps Cross



Newham



St Barts



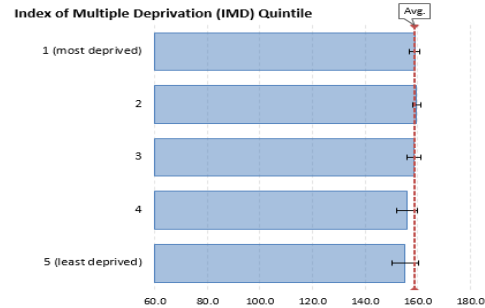
Commentary

This month, there are no material differences in wait times between patients of known ethnicities across all sites.

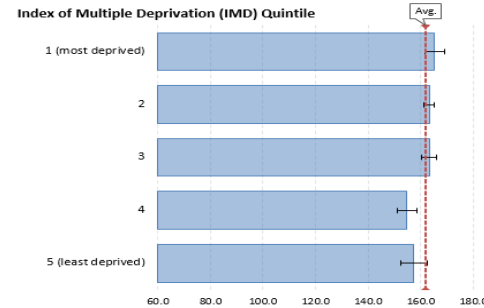
There is greater variation in wait times by ethnicity at Newham and St Barts sites, most notably seen in 'Mixed', 'Other', and 'Unknown' ethnicity groups. These differences are however not considered to be statistically significant due to variation in the data.

The difference in wait time for 'unknown' ethnicity groups at Newham is significant when compared to other ethnicities. However, we believe these patients are more likely to be urgent referrals and previously unknown to the Trust. We are investigating data quality issues and will continue to monitor trends.

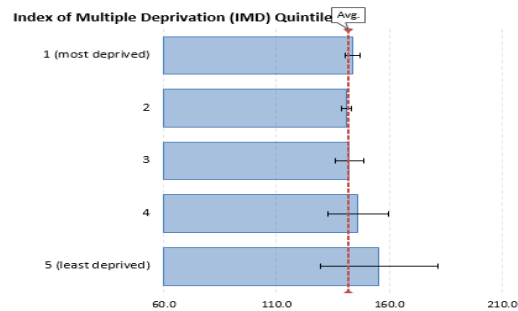
Royal London



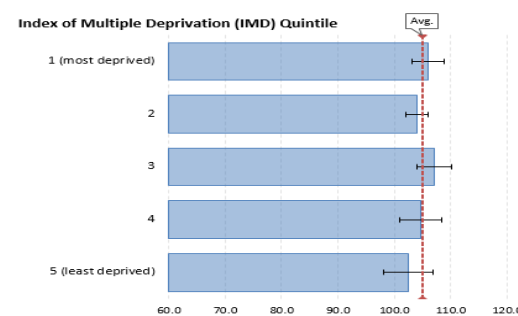
Whipps Cross



Newham



St Barts



Commentary

There are no material differences at site level by deprivation at Royal London, Newham or St. Barts. However, at Whipps Cross Hospital there is a small but statistically significant difference in wait times between patients living in the most deprived and least deprived areas.

The average wait time at Whipps Cross Hospital by level of deprivation is 159.8 days. The average wait times for Whipps Cross Hospital patients living in the most deprived areas (IMD 1) compared with the least deprived (IMD 5) is 163.3 days versus 152.9 days respectively. This equates to a difference of 10.4 days. This finding was not observed last reporting period and we will continue to monitor for trends. Median wait times for IMD 1 areas is 18 – 19 weeks versus 16 – 17 weeks for IMD 5 areas.

There are no other material differences at site level by deprivation. Interestingly, as with last month, wait times at Newham for patients living in the least deprived areas continue to be longer than those living in the most deprived areas. However, this finding is not considered significant.

Sep-23



People Report



Growing a permanent and stable workforce

- The substantive fill rate has increased to 91.8% from 91.7% with a small growth of 18 WTE. Within this registered nursing and midwifery fill rate also saw a small increase from 86.0% to 86.2%. St Bartholomew's has the highest overall fill rate at 93.7%, although its nursing fill is at 83.8%. The Royal London and Mile End has the highest registered nursing fill rate at 88.9%.
- Time to hire (advert to all checks complete) for non medical staff was within target again this month at 9.6 weeks with all sites below 10 weeks. For medical staff the target was met (13.6 weeks against 15 week target). There is notable variation across sites, however this is significantly impacted by the number of offers made at site level.
- Temporary staffing accounted for 13.4% of the workforce in July, with an increase of 28 WTE (1% of the overall temporary workforce in June). Within this bank increased by 69 WTE and agency reduced by 41 WTE. Whilst temporary WTE linked to soft FM are not reported in these numbers at present (but are in the finances) we can expect to start to see an increase in reported bank usage as staff register with bank partners and start to work extra hours through that route.
- Agency spend as a % of paybill YTD remains at 4.6% with in month spend being £5.4m or 4.6% of the in month pay bill.

Fostering new ways of working to transform care

- Roster compliance – approval on time marginally improved from 44% to 48% in month with Newham having the highest level of on time approvals. The average lead time for approval was 34.8 days a notable improvement from that reported for June. As with June the full approval date fell at the time of a junior doctors strike and this will also be the case for August when reported.
- Roster compliance - % nursing units with blue or cloudy sky (signifiers of threshold performance against compliance) is our quality metric for rosters. This improved from 26% to 30%. As it is currently reported it reflects the position at the point the roster was approved, and therefore prior to the opportunity to fill gaps with bank and agency staff. This has a negative effect on the indicator and following a review it has been determined that we will move to reporting this based on the position just before the roster goes live.
- Consultant Job Planning – there has been a small increase from 22% to 25% of fully signed off job plans. Whipps Cross currently has the highest rate at 55.7%. A further 26% of job plans are awaiting first or second signoff. As a group we are working towards 90% of job plans signed off by end of October 2023

Supporting the wellbeing of our colleagues

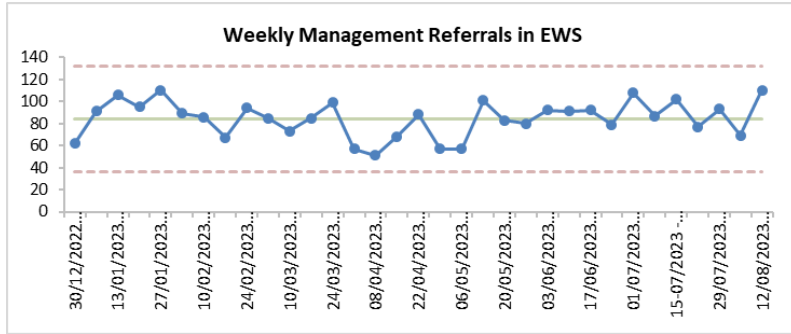
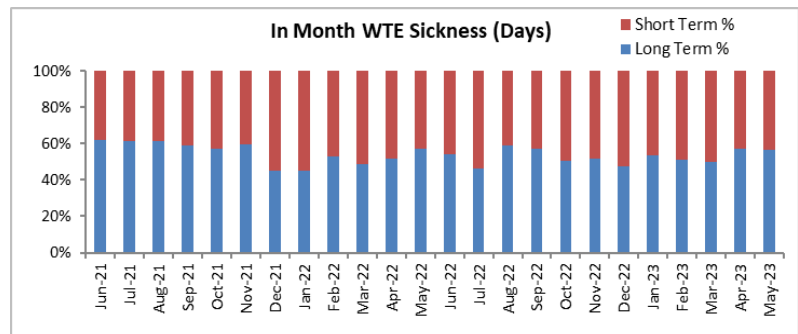
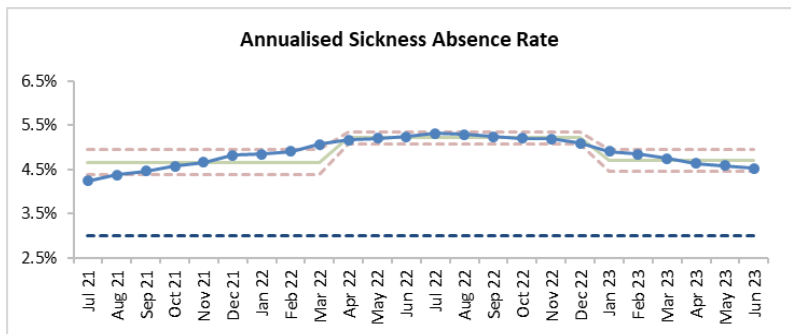
- As a group annualised voluntary turnover continues to improve going from 11.1% to 10.9%. There is variation across the group with Newham improving from 10.1% to 9.6% whilst St Bartholomew's has increased slightly to 13.2% from 13.1%. Turnover in the Nursing and Midwifery staff group continues to reduce and is now at 13.1%. By comparison this was at 15.4% 12 months ago.
- Annualised sickness continues to fall and is now at 4.52%, with further improvement anticipated when we report next month, however July 22 was the last notable spike in COVID reported absence so we don't anticipate further reductions linked to this. Whilst in month absence has shown as small increase from 3.79% to 4.00% this is expected in line with normal seasonal variation. More detail covering the support for sickness absence is provided in the relevant exception page.
- Recorded appraisals for non medical staff dropped to 60% from 60.7% in month whilst for medical staff it increased from 86.0% to 87.7%
- Statutory and Mandatory Training compliance improved from 86.1% to 88.2%

	Indicator	This Period	This Period Target	Performance		Site Comparison						
				Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Creating a fair and just culture	Percentage of BAME staff in 8a+ roles	Jul-23		39.1%	38.6%	34.7%	49.7%	54.8%	25.8%	36.6%	35.7%	38.7%
Supporting the wellbeing of our colleagues	Turnover Rate	Jul-23	<= 12.25%	11.1%	10.9%	11.8%	10.3%	9.6%	13.2%	11.2%	7.3%	12.6%
	Sickness Absence Rate	Jun-23	<=4%	4.58%	4.52%	4.55%	4.63%	5.20%	3.74%	4.65%	4.91%	1.89%
	Appraisal Rate - Non-Medical Staff	Jul-23	>=90%	60.7%	60.0%	58.5%	73.4%	44.1%	59.8%	69.1%	63.4%	30.4%
	Appraisal Rate - Medical Staff	Jul-23	>=85%	86.0%	87.7%	88.0%	89.0%	85.0%	89.0%			
	Mandatory and Statutory Training - All	Jul-23	>=85%	86.1%	88.2%	86.4%	90.2%	87.5%	91.0%		87.7%	
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Jul-23	100%	44.1%	48.3%	20.0%	63.6%	71.0%	43.5%			
	Roster compliance - Nursing Average Approval Lead Time (Days)	Jul-23	>=42	23.0	34.8	28.0	39.0	39.0	41.0			
	Roster compliance - % Nursing Units with Blue or Cloudy Sky	Jul-23		25.9%	30.1%	26.7%	40.9%	25.8%	21.7%			
	Medical and Dental Job planning completion	Jul-23		22.0%	25.0%	11.7%	55.7%	37.9%	25.3%			
	% of roles advertised as flexible											
Growing a permanent and stable workforce	Substantive fill rate - all staff	Jul-23	95%	91.7%	91.8%	92.8%	89.7%	87.7%	93.7%	91.7%	90.4%	114.9%
	Substantive fill rate - nursing and midwifery	Jul-23	95%	85.0%	86.0%	88.9%	88.2%	79.9%	83.8%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Jul-23	10.4	9.4	9.6	9.8	9.9	9.6	9.3	9.2	8.6	
	Time to Hire (Advert to All Checks Complete) - Median Weeks	Jul-23	15.00	15.4	13.6	14.7	11.2	21.2	15.9			
	Temporary staff as a % of workforce	Jul-23		13.1%	13.4%	14.5%	17.6%	20.7%	12.2%	13.5%	1.9%	4.4%
	Agency Spend as % Paybill (YTD)	Jul-23	3.70%	4.6%	4.6%	3.6%	6.0%	7.7%	2.9%	3.5%	5.4%	1.1%

WELL LED

Sickness Absence Rate

Sep-23



Performance Overview

- Annualised sickness continues to fall and is now at 4.52%, with further improvement anticipated when we report next month, however July 22 was the last notable spike in COVID reported absence so further COVID related reductions are not anticipated.
- Absence rates vary across sites with Newham highest at 5.20% (of which 3% is long term absence and 2.2% is short term)
- Whilst in month absence has shown as small increase from 3.79% to 4.00% this is expected in line with normal seasonal variation.
- In month COVID absence has been running at less than 0.2% for the last 3 months and less than 0.5% since August 2022

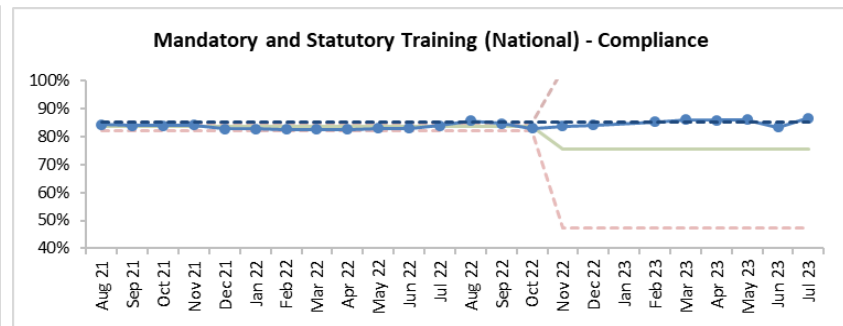
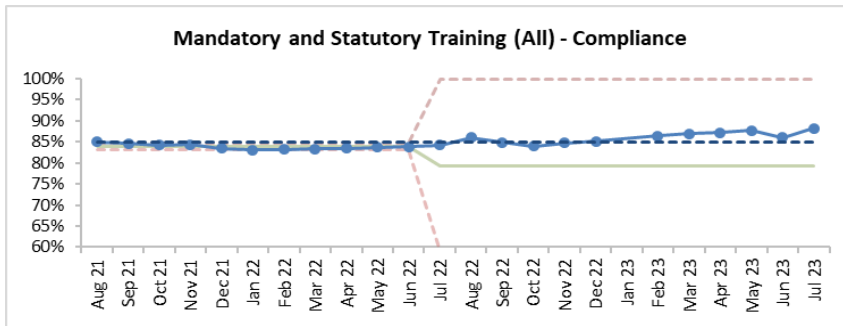
Responsible Director Update

- The acuity of long term sickness absence cases assessed in Employee Wellbeing Services (EWS) is increasing with a around 45% of cases being referred to the occupational health physician for complex health needs.
- There is a long term sickness absence project in place that identifies all staff who have been off sick for more than 28 days and have not been referred to EWS. For those staff who have been referred an audit is completed on the advice given and why reasonable adjustments have not been accommodated
- There has been a slight increase in management referrals since the LTSA project commenced in May 2023.
- The KPIs have improved in the last few months as staff are seen within 10 working days

WELL LED

Mandatory and Statutory Training

Sep-23



Bottom 5 Competencies: Total Number of Non-Compliant Employees			
Competency	Previous 6 Months	Jul-23	
	Compliance	Compliance	Staff Non-Compliant
Safeguarding Children L2	76.2%	78.0%	2,898
Resuscitation - Basic Life Support	78.3%	78.4%	2,475
Fire Safety	87.3%	87.3%	2,357
Infection Control (Clinical)	83.3%	82.6%	2,059
Safeguarding Adults L1	88.0%	89.8%	1,884

Bottom 5 Departments: Total Number of Non-Compliant Employees			
Departments	Previous 6 Months	Jul-23	
	Compliance	Compliance	Staff Non-Compliant
TRUST PATIENT TRANSPORT (Other)	81.1%	78.9%	121
Restorative Dentistry (Royal London)	69.7%	65.6%	70
8D - NICU (Royal London)	86.8%	84.5%	59
A & E Nursing WC (Royal London)	82.4%	84.1%	56
Orthopaedic Medical Staff (Royal London)	54.5%	58.4%	54

Non-mandatory competencies have been excluded from the above tables

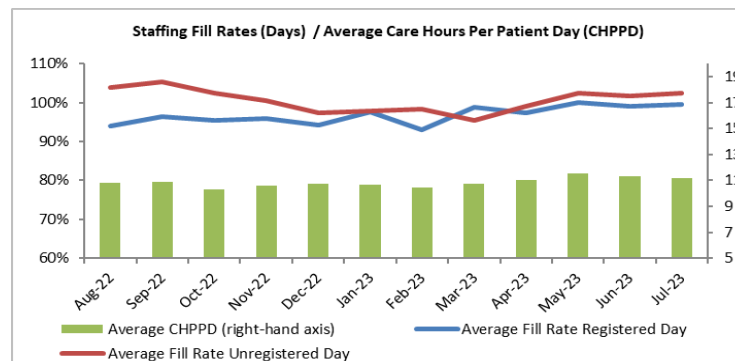
Performance Overview	Responsible Director Update
<ul style="list-style-type: none"> Compliance with the Core Skills Training Framework currently stands at 87.27%, an increase of 0.02% from the last Board report and is above the Trust target of 85% this month. Essential Skills training compliance has decreased by 0.01% from 91.45% to 91.44% in July and is also above the Trust target of 85%. Subjects within the Core Skills Training Framework are mostly above the Trust target of 85% with the exception of IPC for clinical staff, Information Governance, Resuscitation and Safeguarding Adults level 2 where addition work on the TNA is ongoing. The WIRED system currently monitors training for 20,653 staff (an increase of 25% in 5 years) and 437,829 compliance items. 	<ul style="list-style-type: none"> Monthly reminders continue to be sent to non-compliant staff together with data added to site PR packs. The Information Governance team are working to improve compliance by visiting underperforming departments and providing bespoke training. This is expected to significantly improve compliance rates over the next few months. Fire Safety training was offered as online training due to the pandemic, however in line with statute, classroom training needs to be provided – this has now been reinstated and therefore the eLearning option will be removed at the end of August. If staff have started the online training they have until the end of August to complete the training. Privacy and Dignity training will be removed from WIRED in July as agreed by the Education Committee on the 19th June 2023. Work is ongoing to fully align with the Core Skills Training Framework with the TNA for Safeguarding being a major factor. Work is also ongoing to separate out the different types of resuscitation training to create a more robust TNA.

SAFE STAFFING

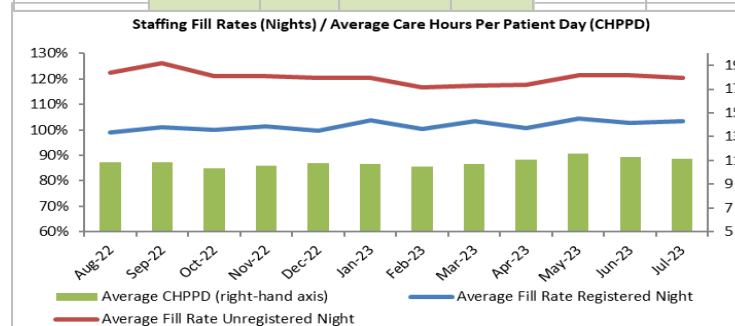
Safe Staffing

Sep-23

- Average Trust fill rates were at or marginally above 100% for both day and night shifts across Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs).
- Fill-rates were above the 90% target for all sites for Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) across both day and night shifts.
- All hospitals reported increased use of enhanced care, primarily to support patients with mental health needs or with safety risks needing mitigating. All requests for associated additional staffing are approved at ADoN level. Stringent measures are in place for austerity measures
- The Tendable audit system has been updated to strengthen questions regarding use of enhanced care following review of the Enhanced Care Policy earlier in the year. The first refreshed audit has not been officially reported but took place in July.
- Overall average Care Hours Per Patient Day (CHPPD) were at 11.2. This is above last published London average (9.1; January 2023). CHPPD data is less useful at organisation level - the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD.
- The CHPPD trend continues upward, linked with ongoing need for enhanced care shifts. The NHSE data request which feeds CHPPD reporting covers all staff booked, inclusive of additional staff for enhanced care.
- Where incidences of day-to-day staffing pressures occurred at individual ward level across the sites, risks were reviewed and mitigated through dynamic redeployment and/or with senior staff working clinically when required in a timely manner.
- There was an increase in Red Flag incidents recorded from 8 in May to 12 in July. This is viewed as a positive sign of improved recognition and reporting.
- Education on reporting Red Flag reporting continues whilst we also query whether all the red flags are being captured on Datix correctly resulting in real time resolution or risk management.
- Recruitment activity continues across the 4 hospitals as part of the Drive 95 programme. The impact of bespoke programmes is being realised in maternity and ED departments as is the successful international recruitment programme across all areas.
- Acuity and dependency scoring has continued its upward trajectory on Safe Care with day-time census compliance. Compliance is being monitored on a daily basis to support continuous improvement.
- Outputs reviewed at site safety and staffing huddles to support deployment decisions



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)		
Trust	99.6%	102.6%	103.4%	120.5%	11.2	12
Royal London	104.5%	105.5%	110.4%	134.5%	11.0	3
Whipps Cross	96.9%	102.1%	99.6%	109.8%	10.8	0
Newham	102.1%	103.4%	103.6%	116.1%	11.0	9
St Bart's	91.0%	94.4%	93.9%	117.2%	12.6	0



Sep-23



Finance Report



- The Trust is reporting a £34.5m deficit for the year to date at month 4, which is (£25.4m) adverse against plan.
- Income is £7.6m favourable against plan for the year to date at month 4. NHS Patient Treatment income is £2.1m favourable overall, driven by favourable income on passthrough drugs & devices. It is assumed within the overall position that ERF clawback will not be applied for the year to date, due to the impact of junior doctor industrial action across April - July. Other income is £5.5m favourable, which is due to release of one-off non-recurrent benefits from balance sheet review within the year to date position.
- Expenditure is (£33.0m) adverse against plan for the year to date at month 4. Site and Services expenditure is (£36.6m) adverse, the adverse variance is due to underachievement against recurrent efficiency savings targets, overspending for medical and nursing staffing and non-pay overspends including healthcare outsourcing, Soft FM contract exit costs and patient transport costs. Temporary staffing costs to date remain higher than plan. Additional budget funding of £7.1m was allocated to sites from reserves to fund additional strike cover costs incurred for the year to date for medical staff industrial action. Central expenditure and reserves are £3.6m favourable which is due to release of ERF clawback risk reserve, reflecting the reporting assumption that ERF clawback will not be applied and due to a favourable variance for interest receivable (£1.3m).
- Capital Expenditure in month 4 is £5.6m which is £0.7m behind the plan. The YTD variance of £22.2m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Expenditure against donated schemes was £0.3m (£0.3m, M3).
- Cash balances in July 2023 are higher by £24.2m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that capital spend forecast of £124.6m will not be fully utilised at the end of March 2024, and therefore this has been adjusted down by £15m thereby removing the need for an external revenue loan support funding of £40m previously envisaged. This will be monitored closely over the coming months.
- The key financial challenges for the Trust in achieving its income and expenditure plan for the year include:
 - Delivery of the Elective Recovery Fund activity trajectory and the associated funding,
 - Improving productivity to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets.
 - The impact of industrial action by medical staff.
- Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery.

Metrics	Current Performance Year To Date	£millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan	(9.1)	<p>NHS Financial Performance Surplus/(Deficit) £m</p>	<p>The Trust is reporting a £34.5m deficit for the year to date at month 4, which is (£25.4m) adverse against plan.</p>
	Actual	(34.5)		
	Variance	(25.4)		
Total Income	Plan	739.9	<p>Income £m</p>	<p>Income is £7.6m favourable against plan for the year to date at month 4. NHS Patient Treatment income is £2.1m favourable overall, driven by favourable income on passthrough drugs & devices. It is assumed within the overall position that ERF clawback will not be applied for the year to date, due to the impact of junior doctor industrial action across April - July. Other income is £5.5m favourable, which is due to release of one-off non-recurrent benefits from balance sheet review within the year to date position.</p>
	Actual	747.5		
	Variance	7.6		
Total Expenditure	Plan	(749.0)	<p>Expenditure £m</p>	<p>Expenditure is (£33.0m) adverse against plan for the year to date at month 4. Site and Services expenditure is (£36.6m) adverse, the adverse variance is due to underachievement against recurrent efficiency savings targets, overspending for medical and nursing staffing and non-pay overspends including healthcare outsourcing, Soft FM contract exit costs and patient transport costs. Temporary staffing costs to date remain higher than plan. Additional budget funding of £7.1m was allocated to sites from reserves to fund additional strike cover costs incurred for the year to date for medical staff industrial action. Central expenditure and reserves are £3.6m favourable which is due to release of ERF clawback risk reserve, reflecting the reporting assumption that ERF clawback will not be applied and due to a favourable variance for interest receivable (£1.3m).</p>
	Actual	(782.0)		
	Variance	(33.0)		

Metrics	Current Performance Year To Date	£millions	Trend	Comments
Capital Expenditure	Plan	41.2		Capital Expenditure in month 4 is £5.6m which is £0.7m behind the plan. The YTD variance of £22.2m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Expenditure against donated schemes was £0.3m (£0.3m, M3).
	Actual	19.1		
	Variance	(22.2)		
Cash	Plan	30.0		Cash balances in July 2023 are higher by £24.2m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that capital spend forecast of £124.6m will not be fully utilised at the end of March 2024, and therefore this has been adjusted down by £15m thereby removing the need for an external revenue loan support funding of £40m previously envisaged. This will be monitored closely over the coming months.
	Actual	54.2		
	Variance	24.2		

Key Issues

The key financial challenges for the Trust in achieving its income and expenditure plan for the year include:

Delivery of the Elective Recovery Fund activity trajectory and the associated funding,

Improving productivity to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets.

The impact of industrial action by medical staff.

Key Risks & Opportunities

Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery.

PY Actual	£millions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
	Income							
509.9	NHS Patient Treatment Income	140.8	141.9	1.1	546.1	548.5	2.5	1,657.8
1.0	Other Patient Care Activity Income	0.6	0.2	(0.4)	2.3	1.2	(1.1)	6.9
40.7	Other Operating Income	10.5	11.5	1.0	41.7	43.4	1.7	124.1
551.6	Total Income	151.8	153.6	1.7	590.0	593.1	3.1	1,788.9
	Operating Expenditure							
(367.9)	Pay	(104.4)	(111.1)	(6.7)	(407.9)	(433.2)	(25.3)	(1,219.0)
(67.4)	Drugs	(17.5)	(19.4)	(1.8)	(68.1)	(70.4)	(2.2)	(209.2)
(54.0)	Clinical Supplies	(15.9)	(11.6)	4.3	(62.1)	(59.8)	2.3	(187.9)
(105.1)	Other Non Pay	(22.8)	(25.9)	(3.1)	(93.6)	(104.9)	(11.3)	(276.8)
(594.4)	Total Operating Expenditure	(160.7)	(168.0)	(7.3)	(631.8)	(668.3)	(36.6)	(1,892.9)
(42.9)	Site & Services Budgets Total	(8.8)	(14.4)	(5.6)	(41.7)	(75.2)	(33.5)	(104.0)
(17.7)	Pathology Partnership (net)	(4.7)	(5.0)	(0.3)	(18.7)	(19.1)	(0.4)	(56.2)
(0.0)	Vaccination Programme & Nightingale (net)	-	0.0	0.0	-	(0.0)	(0.0)	-
0.0	Research & Development (net)	0.0	0.0	-	0.0	0.0	(0.0)	0.0
41.0	Central NHS PT Income	12.3	13.8	1.5	63.8	63.5	(0.3)	180.4
2.5	Central RTA & OSV Income (net)	1.0	0.6	(0.4)	3.9	2.9	(1.0)	11.8
6.7	Central Expenditure (net)	(0.1)	(1.9)	(1.8)	(0.3)	4.6	5.0	(1.0)
(8.2)	Reserves (net)	(0.1)	0.2	0.2	(8.6)	(5.0)	3.6	(36.0)
(18.6)	EBITDA	(0.5)	(6.7)	(6.3)	(1.7)	(28.4)	(26.7)	(5.0)
(23.4)	Depreciation and Amortisation (net)	(6.4)	(6.4)	(0.0)	(25.4)	(25.4)	(0.0)	(76.7)
(23.3)	Interest	(7.0)	(6.7)	0.4	(27.6)	(26.3)	1.3	(82.9)
(3.6)	PDC Dividends	(1.3)	(1.3)	0.0	(5.2)	(5.2)	0.0	(15.5)
0.1	Profit On Fixed Asset Disposal	0.0	0.0	0.0	0.0	0.0	0.0	0.1
-	Loss on return of COVID assets to DHSC	-	-	-	-	-	-	-
(68.8)	Surplus/(Deficit) Before System Top-Up	(15.1)	(21.1)	(5.9)	(59.8)	(85.2)	(25.4)	(180.0)
49.5	System Top-Up Income	12.7	12.7	-	50.7	50.7	(0.0)	152.2
(19.3)	NHS Reporting Surplus/(Deficit)	(2.5)	(8.4)	(5.9)	(9.1)	(34.5)	(25.4)	(27.8)

22/23 YTD	Programme Area	In Month				Year to Date				Annual			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Funded Balanced Plan July 2023	Plan M4	Variance	%
0.9	Equipment (Medical and Other)	0.8	0.4	0.4	53 %	2.3	1.5	0.8	0.0	11.5	11.5	-	- %
0.4	Informatics	0.2	1.4	(1.3)	(784)%	2.3	2.1	0.3	0.0	6.2	6.2	-	- %
5.4	Estates	0.3	0.3	0.0	4 %	4.7	2.7	2.0	0.0	7.1	7.1	-	(0)%
1.2	New Build and Site Vacations	4.0	2.4	1.6	39 %	16.8	8.6	8.2	0.0	58.5	58.5	-	(0.0)
3.5	PFI Lifecycle Assets	1.1	1.1	(0.0)	(0)%	4.2	4.2	(0.0)	(0.0)	12.6	12.6	-	0 %
	New Build - Diagnostics	-	-	-	- %	-	-	-	-	-	-	-	- %
4.8	Finance Lease	-	-	-	- %	10.9	-	10.9	0.0	23.0	24.6	(1.5)	(7)%
16.2	Total Exchequer programme	6.3	5.6	0.7	12 %	41.2	19.1	22.2	0.0	119.0	120.5	(1.5)	(0.0)
-													
16.2	Total Trust Funded Assets	6.3	5.6	0.7	12 %	41.2	19.1	22.2	54 %	119.0	120.5	(1.5)	(1)%
1.4	Donated	0.9	0.3	0.6	65 %	3.4	1.3	2.1	63 %	10.3	10.3	-	(0)%
17.5	Total Capital Expenditure	7.2	5.9	1.3	18 %	44.7	20.4	24.3	54 %	129.3	130.8	(1.5)	(1)%

Key Messages

2023/24 position. The balanced plan of £116.3m at M3 has increased to £119m following the award of £2.65m of PDC schemes to deliver additional SDEC and emergency beds at the WXH and RLH sites respectively. This is also adjusted in the exchequer forecast plan which is now £120.5m up from £118.4m in M3. The increase in the forecast plan is offset by a reduction of £0.55m relating to Whitechapel Mission flats as the lease period has been reduced. The impact of the changes in lease requirements to date is a potential over commitment of the plan of £1.5m unless IFRS16 CRL cover is obtained. It is noted that the current plan remains insufficient to meet the Trust capital needs. A paper is to be considered at Trust Board in September 2023, requesting permission to over-commit the capital programme at risk by £12.4m in order to maintain safe services. The overall funding shortfall remains at c£45m. Discussions continue between Trust senior directors and both NEL and NHSE London about the insufficiency of the Trust CRL allocation with a view to securing an increase.

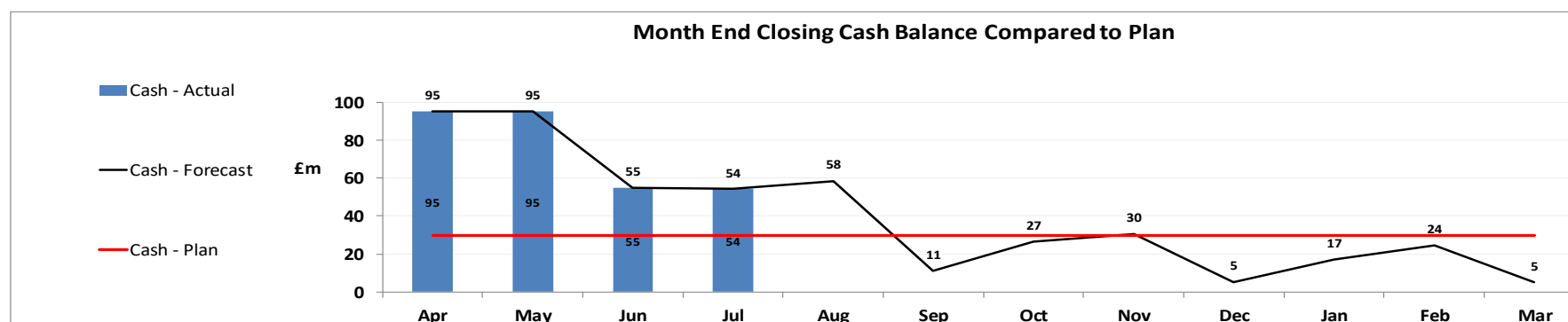
Funding. Funding has been increased this month by £2.65m PDC for additional SDEC and emergency beds at the WXH and RLH sites respectively. On 18 August 2023, a letter was received from DHSC and NHSE confirming approval of the OBC for the WXH enabling works and multi-storey car park along with permission to develop the FBC, the implications for funding will be updated once known.

Expenditure in M4 is £5.6m which is £0.7m behind the plan. The YTD variance of £22.2m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts including the following:- (£10.9m) - Delayed leases for Henry Brierley House, Hubert Ashton House and Kent House - these are being reviewed by the property team to ascertain if they will still happen this financial year.
 (£2.5m) - MEH CDC - due to delays during the procurement process for the design and build work contractors, the full funding allocation will not be used so c£2m is to be handed back which will result in a cost pressure in 2024/25, mitigations are underway to avoid worsening the situation. The project completion date will slip from December 2023 to July 2024.
 (£2m) - Modular Build Fit out - timing difference that will be caught up - the contract for the full value of the remaining works is due to be signed shortly as the Trust moves away from monthly letters of intent.
 (£1.8m) - The modular build scheme - due to supply chain and labour issues which have put the programme behind schedule by c10 weeks.
 (£1.4m) - NUH fire programme - timing delay that will be caught up.
 (£1.4m) - CAU - delay due to an initial non compliant ventilation which has now been resolved, the revised plan is scheduled to complete with an 8 week delay in November 2023.
 (£0.7m) - VAT recoveries and close out of old year schemes.

Expenditure against donated schemes was £0.3m (£0.3m, M3).

Capital Funding	Capital Plan	Secured/ Drawdown	Not Secured/ Drawdown	% Secured
Gross Depreciation	76.7	76.7	-	100 %
Repayment of PFI principal	(26.0)	(26.0)	-	100 %
Repayment Other Finance Leases (IFRS16)	(11.3)	(11.3)	-	100 %
Net Depreciation	39.5	39.5	-	100 %
CRL (not cash backed)	13.7	13.7	-	100 %
Add CRL - Neonatal cot capacity RLH (not cash backed)	0.7	0.7	-	100 %
EFA	-	-	-	- %
Additional CRL from NHSE/NEL (not cash backed)	-	-	-	- %
IFRS16 CRL adjustment	23.0	-	23.0	- %
Other Leases CRL adjustment	-	-	-	- %
PDC: WXH Redevelopment core programme team	1.7	1.1	0.6	63 %
PDC: WXH Redevelopment NHP Enabling works costs	12.0	-	12.0	- %
Specific PDC: WXH Enabling works	-	-	-	- %
TIF NUH Modular Build and Mothballed Theatres	6.3	6.3	-	100 %
TIF - ITU Expansion SBH	11.1	11.1	-	100 %
ACTIF - RLH/WXH	2.7	-	0.0	- %
PDC- MEH CDC	8.3	8.3	-	100 %
PDC - LIMS	0.1	0.1	-	100 %
Planned Capital exc. Donated	119.0	80.7	35.7	69.3 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	119.0	80.7	35.7	69.3 %
Donated	10.3	1.3	9.0	12.5 %
Planned Capital inc. Donated	129.3	82.0	44.7	64.7 %
*CRL overspend	(1.5)			

£millions	Actual					Forecast							Outturn
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Opening cash at bank	60.2	95.0	95.1	54.8	54.2	58.5	11.1	26.6	30.5	5.4	17.1	24.5	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	164.2	167.6	163.1	163.4	162.4	162.4	162.4	189.5	2,027.9
Other income	42.5	24.7	17.4	28.9	32.2	19.3	39.7	28.4	21.2	38.6	28.1	42.6	363.6
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	-	-	-	19.7	-	-	19.7	39.4
Total cash inflows	198.4	190.7	220.7	196.6	196.4	186.9	202.8	191.8	203.3	201.0	190.5	251.8	2,430.9
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(69.9)	(67.6)	(65.2)	(66.3)	(67.4)	(65.2)	(66.3)	(67.6)	(824.0)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(581.3)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(68.7)	(105.9)	(67.3)	(66.8)	(106.0)	(66.1)	(58.8)	(101.6)	(955.6)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.5)	(4.0)	(5.8)	(5.8)	(6.0)	(9.0)	(9.0)	(45.3)	(109.6)
Dividend and Interest payable	-	-	-	-	-	(7.8)	-	-	-	-	-	(7.8)	(15.6)
Total cash outflows	(163.6)	(190.6)	(261.0)	(197.2)	(192.1)	(234.3)	(187.3)	(187.9)	(228.4)	(189.3)	(183.1)	(271.3)	(2,486.1)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	(0.6)	4.3	(47.4)	15.5	3.9	(25.1)	11.7	7.4	(19.5)	(55.2)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	54.2	58.5	11.1	26.6	30.5	5.4	17.1	24.5	5.0	5.0
Closing cash at bank - plan	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0



Key Messages

Cash balances in July 2023 are higher by £24.0m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that capital spend forecast of £124.6m will not be fully utilised at the end of March 2024, and therefore this has been adjusted down by £15m thereby removing the need for an external revenue loan support funding of £40m previously envisaged. This will be monitored closely over the coming months.

Statement of Financial Position

Sep-23

22/23		Actual					Forecast						22/23 v 23/24	
31 Mar 2023	Emillions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,594.2	Property, plant and equipment	1,592.4	1,589.2	1,588.5	1,587.9	1,614.3	1,614.7	1,618.2	1,620.9	1,626.2	1,629.9	1,633.6	1,640.3	46.1
0.1	Intangible assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
16.8	Trade and other receivables	16.8	16.7	16.7	16.6	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	(0.1)
1,611.1	Total non-current assets	1,609.3	1,606.0	1,605.3	1,604.6	1,631.1	1,631.5	1,635.0	1,637.7	1,643.0	1,646.7	1,650.4	1,657.0	46.0
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	32.9	31.4	31.4	31.4	31.4	31.4	31.4	31.4	31.4	0.0
145.5	Trade and other receivables	132.0	123.8	92.4	125.7	112.3	113.0	116.2	121.6	141.5	110.5	111.6	139.5	(6.0)
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	58.5	11.0	26.6	30.5	5.4	17.1	24.5	5.0	(55.2)
237.1	Total current assets	259.2	251.1	181.1	212.8	202.2	155.4	174.2	183.5	178.3	159.0	167.5	175.9	(61.2)
1,848.2	Total assets	1,868.5	1,857.1	1,786.4	1,817.4	1,833.3	1,786.9	1,809.2	1,821.2	1,821.3	1,805.7	1,817.9	1,832.9	(15.2)
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(252.5)	(218.1)	(242.3)	(255.9)	(213.5)	(235.1)	(248.6)	(216.5)	73.5
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	0.0
(37.3)	Liabilities arising from PFIs / Finance Leases	(37.3)	(37.3)	(37.3)	(37.3)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(40.5)	(3.2)
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(330.1)	Total current liabilities	(360.5)	(359.0)	(303.9)	(346.1)	(297.3)	(262.9)	(287.1)	(300.7)	(258.3)	(279.9)	(293.4)	(259.8)	70.3
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(133.3)	(95.1)	(107.5)	(112.9)	(117.2)	(80.0)	(120.9)	(125.9)	(83.9)	9.1
1,518.1	Total assets less current liabilities	1,508.0	1,498.1	1,482.5	1,471.3	1,536.0	1,524.0	1,522.1	1,520.5	1,563.0	1,525.8	1,524.5	1,573.1	55.1
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(0.8)
(915.2)	Liabilities arising from PFIs / Finance Leases	(912.2)	(908.9)	(905.8)	(902.7)	(941.1)	(930.6)	(930.6)	(930.6)	(920.1)	(920.1)	(920.1)	(911.1)	4.1
(0.5)	Other Payables	(0.3)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	0.0
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(35.3)	0.0	0.0	(40.0)	(40.0)
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(921.6)	Total non-current liabilities	(918.4)	(915.3)	(912.3)	(909.3)	(948.3)	(937.8)	(937.8)	(937.8)	(962.6)	(927.3)	(927.3)	(958.2)	(36.7)
596.5	Total Assets Employed	589.6	582.8	570.2	562.0	587.7	586.2	584.3	582.7	600.4	598.5	597.2	614.9	18.4
	Financed by:													
	Taxpayers' equity													
1,080.6	Public dividend capital	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,100.3	1,100.3	1,100.3	1,120.0	39.4
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(909.7)	(911.2)	(913.1)	(914.7)	(916.7)	(918.6)	(919.9)	(921.9)	(21.0)
416.8	Revaluation reserve	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	0.0
596.5	Total Taxpayers' Equity	589.6	582.8	570.2	562.0	587.7	586.2	584.3	582.7	600.4	598.5	597.2	614.9	18.4

Sep-23



Glossary



On Wednesday 22 March 23, Barts Health submitted its 2023/24 activity and performance trajectories to North East London ICB for onwards submission to NHS England by 30 March 23.

The key NHS England Urgent and Emergency Care and Elective performance objectives and milestones are set-out in the table opposite. However a number of high-priority operational standards are expected to sit alongside these once the 2023/24 NHS Oversight metrics are published, these may include:

- ✓ A&E 12-hour journey times, measuring the wait time from arrival to departure, rather than the previous version of the standard which measured wait time from decision to admit to admission
- ✓ Ambulance handover delays of greater than 30 and 60 minutes

In relation to Activity, North East London, including Barts Health, were set an objective by NHS England to deliver 109% of Value Weighted Activity against 2019/20 baseline.

Submitted activity trajectories achieve the 109% objective with a 0.3% contribution relating to improved Outpatient Procedure Recording. NHS England has prescribed the Activity types contributing to the Value Weighted total, these include:

- ✓ First outpatient appointments
- ✓ First and follow up outpatient procedures
- ✓ Elective ordinary (inpatient) admissions
- ✓ Day case admissions

	Objective	Deadline
Urgent & Emergency Care	76% of patients seen within 4-hours	Mar-24
	Achieve 92% G&A bed occupancy	No deadline published
Elective Waits	Eliminate waits of over 65 weeks	Mar-24
	Eliminate waits of over 52 weeks	Mar-25
Cancer	Meet the 75% cancer faster diagnosis standard	Mar-24
	Continue to reduce the number of patients waiting over 62 days	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks to 95%	Mar-25

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 6 weeks or less from the referral date to the end of the calendar month, divided by the total number of patients still waiting for diagnostic tests at the end of the calendar month. Only the 15 key tests included in the Diagnostics Monthly (DM01) national return are included	Monthly	National
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Well Led	Compliance	W11	Mandatory and Statutory Training - National	For the 11 Core Skills Training Framework topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local
Well Led	Compliance	W29	Appraisal Rate - Non-Medical Staff	The number of appraisals completed for eligible non-medical staff divided by the number of eligible non-medical staff	Monthly	Local
Well Led	Compliance	W30	Appraisal Rate - Medical Staff	The number of appraisals completed for eligible medical staff divided by the number of eligible medical staff (non-compliant if 2 or more months overdue, otherwise compliant)	Monthly	Local
Caring	Patient Experience	C12	MSA Breaches	The number of patients admitted to mixed sex sleeping accommodation (defined as an area patients are admitted into), except where it was in the overall best interest of the patient or reflected their personal choice	Monthly	National
Caring	Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	The number of initial reportable complaints received by the trust per 1,000 whole time equivalent staff (WTEs), i.e. the number of initial reportable complaints divided by the number of WTEs which has been multiplied by 1,000	Quarterly	SPC breach
Caring	Patient Feedback	C1	FFT Recommended % - Inpatients	The number of patients who responded that they were extremely likely or likely to recommend the inpatient service they received to friends and family, divided by the total number of patients who responded to the inpatient Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C2	FFT Recommended % - A&E	The number of patients who responded that they were extremely likely or likely to recommend the A&E service they received to friends and family, divided by the total number of patients who responded to the A&E Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C3	FFT Recommended % - Maternity	The number of patients who responded that they were extremely likely or likely to recommend the maternity (birth) service they received to friends and family, divided by the total number of patients who responded to the maternity (birth) Friends and Family Test (FFT)	Monthly	Local
Caring	Patient Feedback	C20	FFT Response Rate - Inpatients	The total number of patients who responded to the inpatient Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the inpatient FFT (i.e. all inpatient discharges in the reporting period)	Monthly	Local
Caring	Patient Feedback	C21	FFT Response Rate - A&E	The total number of patients who responded to the A&E Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the A&E FFT (i.e. all A&E attendances in the reporting period)	Monthly	Local
Caring	Patient Feedback	C22	FFT Response Rate - Maternity	The total number of patients who responded to the maternity (birth) Friends and Family Test (FFT) divided by the total number of patients eligible to respond to the maternity (birth) FFT (i.e. all delivery episodes in the reporting period)	Monthly	Local
Caring	Patient Feedback	OH4	CQC Inpatient Survey	The overall experience score of patients from the CQC inpatient survey, based on the question "Patients who rated their experience as 7/10 or more"	Yearly	National average
Caring	Service User Support	R78	Complaints Replied to in Agreed Time	The number of initial reportable complaints replied to within the agreed number of working days (as agreed with the complainant). The time agreed for the reply might be 25 working days or might be another time such as 40 working days	Monthly	Local

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Caring	Service User Support	R30	Duty of Candour	The percentage of patient incidents (where harm was moderate, severe or death) where an apology was offered to the patient within 2 weeks (14 calendar days) of the date the incident was reported	Monthly	National
Safe	Infection Control	S10	Clostridium difficile - Infection Rate	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust per 100,000 bed days (inpatient bed days with day cases counted as 1 day each)	Monthly	National
Safe	Infection Control	S11	Clostridium difficile - Incidence	The number of Clostridium difficile (C.difficile) infections reported in people aged two and over and which were apportioned to the trust	Monthly	National
Safe	Infection Control	S2	Assigned MRSA Bacteraemia Cases	The number of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S77	MSSA Bacteraemias	The number of Methicillin-susceptible Staphylococcus aureus (MSSA) bacteraemias which can be directly associated to the trust	Monthly	Local
Safe	Infection Control	S76	E.coli Bacteraemia Bloodstream Infections	The number of Escherichia coli (E.coli) bacteraemia bloodstream infections at the trust (i.e. for which the specimen was taken by the trust)	Monthly	Local
Safe	Incidents	S3	Never Events	The number of never events reported via the Strategic Executive Information System (STEIS)	Monthly	Local
Safe	Incidents	S09	% Incidents Resulting in Harm (Moderate Harm or More)	The number of patient-related incidents occurring at the trust which caused harm (not including those which only caused low harm) divided by the total number of patient-related incidents occurring at the trust	Monthly	Local
Safe	Incidents	S45	Falls Per 1,000 Bed Days	The total number of patient falls occurring at the trust per 1,000 inpatient bed days, i.e. the total number of patient falls occurring at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	National
Safe	Incidents	S25	Medication Errors - Percentage Causing Harm	The number of medication error incidents occurring at the trust which caused harm divided by the total number of medication error incidents occurring at the trust	Monthly	Local
Safe	Incidents	S49	Patient Safety Incidents Per 1,000 Bed Days	The number of reported patient safety incidents per 1,000 bed days. This is the NHS Single Oversight Framework metric "Potential Under-Reporting of Patient Safety Incidents"	Monthly	SPC breach
Safe	Incidents	S53	Serious Incidents Closed in Time	Percentage of serious incidents investigated and closed on the Strategic Executive Information System (StEIS) before the deadline date (this is usually 60 working days after opening but is sometimes extended, e.g. in the case of a police investigation). De-escalated serious incidents are not included	Monthly	Local
Safe	Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	Local
Safe	Harm Free Care	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	The number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust (including those which occurred at the trust and those which deteriorated to one of those categories at the trust) per 1,000 inpatient bed days, i.e. the number of new category 2, 3, 4 or unstageable medical device-related pressure ulcers acquired at the trust divided by the number of inpatient bed days which has been multiplied by 1,000	Monthly	SPC breach

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of "positive" or "inconclusive") and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local

Sub-Section	Metric	Description	Notes
Planned vs Actual WTE	% Utilisation (Total Fill Rate)	Contracted substantive WTE (plus Bank and Agency, less maternity leave) as a % of total budgeted WTE	The target is <= 100% but the figure is also of concern if it falls too far below 100% so an amber rating is applied if the figure is < 95%
Planned vs Actual WTE	Staff in Post - Actual	Substantive staff in post - actual	
Planned vs Actual WTE	Staff in Post - Plan	Substantive staff in post - plan	
Planned vs Actual WTE	Bank WTE - Actual	Bank Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Total Staffing - Actual	Substantive staff in post plus bank WTE plus agency WTE (actual)	
Planned vs Actual WTE	Total Staffing - Plan	Substantive staff in post plus bank WTE plus agency WTE (plan)	
Recruitment Plans	Substantive Fill Rate - Actual	Percentage of substantive staff in post against the substantive and locum establishment - actual	
Recruitment Plans	Substantive Fill Rate - Plan	Percentage of substantive staff in post against the substantive and locum establishment - plan	
Recruitment Plans	Unconditional Offers - Actual	Offers achieved	
Recruitment Plans	Unconditional Offers - Plan	Offers planned	
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	Percentage of rosters fully approved between 42 and 70 days in advance of the roster starting, for units with 20 WTE or more	Based on the week in which the roster was due to be approved
Rosters	Nursing Roster Quality - % Blue or Cloudy Sky	Percentage of rosters with good data quality based on 6 domains such as budget, safety, annual leave, etc. "Blue Sky" and "Cloudy Sky" rosters meet 5 or 4 of the domains respectively	Based on the week in which the roster was due to be approved
Rosters	Additional Duty Hours (Nursing)	Total nursing additional duty hours	No target can be set due to the nature of this metric
Diversity	% of BME Staff at Band 8a to VSM	Percentage of whole time equivalent staff from band 8a to very senior managers (VSM) who are black and minority ethnic	

Sep-23



Appendix



How to Interpret the Scorecard

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Newham	St Bart's	CSS	Other	Barts Health	
Waiting Times	R1	A&E 4 Hours Waiting Time	●		●	Jan-18 (m)	>= 92.3%	85.5%	86.5%	86.9%	82.7%	88.8%	-	-	-	86.5%	●
	R7	Cancer 62 Days From Urgent GP Referral	●			Dec-17 (m)	>= 85%	86.3%	86.5%	83.2%	86.2%	84.6%	84.3%	-	-	86.5%	
	R13	Cancer 62 Days From Screening Programme	●			Dec-17 (m)	>= 90%	90.6%	88.6%	90.8%	-	-	86.8%	-	-	88.6%	●

Triggers based on current reporting month:

- Month Target:** Where the actual has passed or failed the target. Failure = a trigger
- Step Change:** Where a new step change has been triggered by 5 consecutive points above or below the mean (see SPC explanation below)
- Control Limit:** Where the current reporting month actual breaches the upper or lower confidence limit (see SPC explanation below)

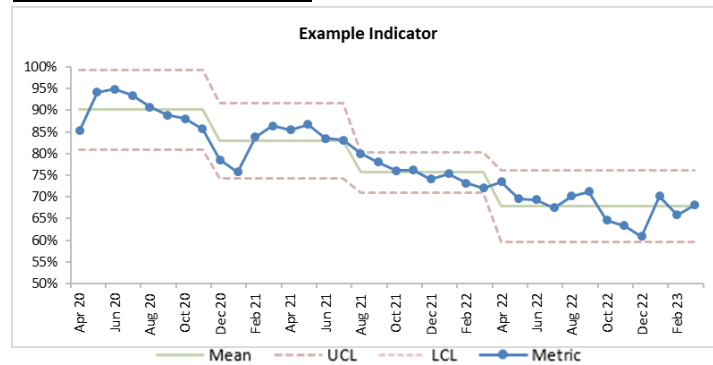
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

Flags where there is one or more triggers and the indicator is to be reported as an exception

How to Interpret an SPC Chart



Statistical Process Control (SPC) charts using the Individual metric (X shown as blue data points on a line) and its moving Range (XmR) allows you to identify statistically significant changes in data. The red dotted lines (upper or lower process limits) represent the expected range for data points, if variation is within expected limits - that is, normal. If there is a target, then this will be shown using a black dotted line.

When you are interpreting these SPC charts there are a couple of things that help you identify what the performance is doing.

If any point is outside any of the red dotted lines, then this means that "special cause" variation is present in the system i.e. that data point is unusual and should be investigated.

A step consists of at least 8 data points. A step change is only triggered after the minimum step run and by the next 8 data points ALL being one side of the preceding step mean (green line) i.e.. ALL above or ALL below. In the example to the left the first step has a mean of 90.15% and a step change occurs in Dec 2020 as 8 data points have elapsed in the first step and the next 8 data points are all below the first step mean.

How Exceptions Are Identified For Inclusion

The general principle is to ensure that as many exceptions as possible can be included as detailed exceptions in the report without overwhelming the meeting and that hot topics or particularly important, large or otherwise noteworthy exceptions are definitely included.

- Some exceptions are not given exception pages if it is felt that the commentary and discussion would be the same as the previous month or if it is a minor or consistent exception at a time where there are many other exceptions which need to be covered, in order to focus discussions on the most important topics that month.
- When making these decisions, factors such as the number of sites with an exception for that metric, the magnitude of the exception, the context of the exception within the organisation as a whole and the number of other exceptions that month are all taken into account.

Safe Staffing Fill Rates by Ward and Site

Sep-23

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,135.0	2,477.5	1,069.5	1,307.5	1,771.0	2,305.8	713.0	1,414.5	116.0%	122.3%	130.2%	198.4%	800	6.0	3.4	9.4
Royal London	10FRLH	1,116.0	1,434.5	750.0	1,048.0	1,023.0	1,309.0	341.0	794.0	128.5%	139.7%	128.0%	232.8%	509	5.4	3.6	9.0
Royal London	11CRLH	2,849.5	2,752.5	1,426.0	1,338.5	2,852.0	3,162.5	713.0	1,012.0	96.6%	93.9%	110.9%	141.9%	689	8.6	3.4	12.0
Royal London	11E & 11FAAU	4,071.0	5,150.0	1,778.0	1,806.5	3,921.5	5,119.5	1,426.0	1,874.5	126.5%	101.6%	130.5%	131.5%	1,394	7.4	2.6	10.0
Royal London	12CRLH	1,874.5	2,368.5	1,426.0	1,426.5	1,828.5	2,372.5	1,069.5	1,196.0	126.4%	100.0%	129.8%	111.8%	817	5.8	3.2	9.0
Royal London	12DRLH	1,423.0	2,435.4	713.0	1,063.2	1,426.0	2,472.7	356.5	906.2	171.1%	149.1%	173.4%	254.2%	526	9.3	3.7	13.1
Royal London	12ERLH	2,767.0	3,028.5	1,426.0	1,572.6	2,495.5	2,795.7	1,426.0	1,632.5	109.5%	110.3%	112.0%	114.5%	735	7.9	4.4	12.3
Royal London	12FRLH	2,024.0	2,035.5	1,794.0	1,781.0	1,782.5	1,842.0	1,782.5	1,964.5	100.6%	99.3%	103.3%	110.2%	817	4.7	4.6	9.3
Royal London	13CRLH	1,920.5	2,072.5	713.0	1,243.0	1,424.5	1,772.0	713.0	1,391.5	107.9%	174.3%	124.4%	195.2%	769	5.0	3.4	8.4
Royal London	13DRLH	1,782.5	2,357.5	713.0	724.5	1,426.7	2,037.2	736.0	759.0	132.3%	101.6%	142.8%	103.1%	737	6.0	2.0	8.0
Royal London	13ERLH	2,102.0	2,814.7	713.0	884.5	1,667.5	2,463.5	713.0	1,070.5	133.9%	124.1%	147.7%	150.1%	746	7.1	2.6	9.7
Royal London	13FRLH	1,794.0	2,764.5	954.5	1,104.0	1,782.5	2,829.0	713.0	1,069.5	154.1%	115.7%	158.7%	150.0%	709	7.9	3.1	11.0
Royal London	14E & 14FRLH	3,335.0	4,148.5	2,748.5	2,826.0	2,840.5	3,588.0	2,139.0	2,863.5	124.4%	102.8%	126.3%	133.9%	1,548	5.0	3.7	8.7
Royal London	3DRLH	4,105.0	4,424.5	2,679.5	2,233.0	3,208.5	4,212.5	1,782.5	2,219.5	107.8%	83.3%	131.3%	124.5%	1,045	8.3	4.3	12.5
Royal London	3ERLH	2,138.5	2,125.5	713.0	1,167.5	1,782.5	1,794.0	713.0	1,241.5	99.4%	163.7%	100.6%	174.1%	803	4.9	3.0	7.9
Royal London	3FRLH	1,583.5	2,066.0	1,069.5	926.5	1,069.5	1,980.8	713.0	943.0	130.5%	86.6%	185.2%	132.3%	453	8.9	4.1	13.1
Royal London	4ERLH	13,919.5	14,869.8	1,069.5	1,081.0	13,915.0	14,726.3	1,069.5	1,081.0	106.8%	101.1%	105.8%	101.1%	1,346	22.0	1.6	23.6
Royal London	6CRLH	4,510.0	3,231.6	816.5	480.8	3,622.5	2,833.8	713.0	413.5	71.7%	58.9%	78.2%	58.0%	183	33.1	4.9	38.0
Royal London	6E & 6FRLH	6,007.0	5,214.3	1,418.0	1,218.0	5,359.0	5,212.0	1,069.5	805.0	86.8%	85.9%	97.3%	75.3%	807	12.9	2.5	15.4
Royal London	7CRLH	1,437.5	1,550.0	351.5	688.3	1,069.5	1,253.5	356.5	736.0	107.8%	195.8%	117.2%	206.5%	385	7.3	3.7	11.0
Royal London	7DRLH	1,771.0	1,922.5	859.0	911.0	1,426.0	1,587.3	713.0	953.0	108.6%	106.1%	111.3%	133.7%	439	8.0	4.2	12.2
Royal London	7ERLH	2,852.0	2,679.8	1,069.5	1,425.0	2,484.0	2,487.5	1,069.5	1,886.0	94.0%	133.2%	100.1%	176.3%	694	7.4	4.8	12.2
Royal London	7FRLH	1,437.5	1,307.8	598.0	977.5	1,069.5	1,046.5	552.0	1,161.5	91.0%	163.5%	97.8%	210.4%	340	6.9	6.3	13.2
Royal London	8CRLH	1,939.0	2,168.8	713.0	647.8	1,414.5	1,540.0	713.0	794.5	111.8%	90.8%	108.9%	111.4%	630	5.9	2.3	8.2
Royal London	8DRLH	10,144.5	8,205.5	1,583.5	585.0	8,854.0	7,173.0	460.0	437.0	80.9%	36.9%	81.0%	95.0%	1,025	15.0	1.0	16.0
Royal London	8FRLH	1,750.5	1,560.0	1,414.5	1,418.0	1,069.5	1,058.0	1,426.0	1,403.0	89.1%	100.2%	98.9%	98.4%	1,650	1.6	1.7	3.3
Royal London	9EHDURLH	1,426.0	1,035.0	0.0	0.0	1,414.5	1,056.7	0.0	0.0	72.6%		74.7%		188	11.1	0.0	11.1
Royal London	9ERLH	1,782.5	1,794.0	712.8	910.5	1,426.0	1,437.5	713.0	1,161.5	100.6%	127.7%	100.8%	162.9%	796	4.1	2.6	6.7
Royal London	9FRLH	1,781.8	1,761.8	713.0	981.0	1,426.0	1,414.5	713.0	1,276.5	98.9%	137.6%	99.2%	179.0%	736	4.3	3.1	7.4

Safe Staffing Fill Rates by Ward and Site

Sep-23

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,634.5	5,568.0	2,495.5	2,571.6	4,634.5	5,551.3	2,139.0	2,215.2	120.1%	103.0%	119.8%	103.6%	1,023	10.9	4.7	15.5
Whipps Cross	ACACIA	954.0	962.5	471.5	475.0	701.5	712.0	713.0	730.5	100.9%	100.7%	101.5%	102.5%	358	4.7	3.4	8.0
Whipps Cross	ACORN	3,681.0	2,891.0	356.5	586.5	2,852.0	2,232.0	359.0	333.5	78.5%	164.5%	78.3%	92.9%	420	12.2	2.2	14.4
Whipps Cross	B3 WARD WXH	1,311.0	1,209.0	1,069.5	1,218.0	1,069.5	1,069.5	713.0	897.0	92.2%	113.9%	100.0%	125.8%	496	4.6	4.3	8.9
Whipps Cross	BIRCH	1,069.5	1,265.0	1,069.5	1,293.5	1,069.5	1,024.0	712.5	908.0	118.3%	120.9%	95.7%	127.4%	486	4.7	4.5	9.2
Whipps Cross	BLACKTHORN	1,069.5	1,362.5	1,068.0	1,148.5	1,058.0	1,069.2	713.0	862.2	127.4%	107.5%	101.1%	120.9%	508	4.8	4.0	8.7
Whipps Cross	Bracken Ward WXH	1,304.5	1,339.0	1,069.5	1,413.0	1,069.5	1,104.0	713.0	1,118.0	102.6%	132.1%	103.2%	156.8%	498	4.9	5.1	10.0
Whipps Cross	CEDAR	1,426.0	1,345.5	1,426.0	1,472.0	1,069.5	990.0	1,069.5	1,173.0	94.4%	103.2%	92.6%	109.7%	495	4.7	5.3	10.1
Whipps Cross	CHESTNUT	954.5	897.0	356.5	747.5	713.0	874.0	356.5	874.0	94.0%	209.7%	122.6%	245.2%	309	5.7	5.2	11.0
Whipps Cross	CONIFER	1,452.0	1,420.0	1,424.0	1,400.0	1,069.5	1,069.5	1,069.5	1,265.0	97.8%	98.3%	100.0%	118.3%	437	5.7	6.1	11.8
Whipps Cross	CURIE	1,426.0	1,246.0	1,069.5	1,253.5	1,092.5	943.0	1,069.5	1,196.0	87.4%	117.2%	86.3%	111.8%	531	4.1	4.6	8.7
Whipps Cross	DELIVERY SUITE WXH	5,690.5	5,568.2	1,391.5	1,285.0	5,014.0	4,908.8	1,426.0	1,301.5	97.9%	92.3%	97.9%	91.3%	463	22.6	5.6	28.2
Whipps Cross	ELIZABETH	1,722.8	1,738.5	345.0	426.5	1,426.0	1,450.5	356.5	426.5	100.9%	123.6%	101.7%	119.6%	551	5.8	1.5	7.3
Whipps Cross	FARADAY	1,429.0	1,384.0	713.0	908.5	1,437.5	1,426.0	356.5	609.0	96.9%	127.4%	99.2%	170.8%	469	6.0	3.2	9.2
Whipps Cross	Frail Elderly WXH	870.5	860.1	356.5	345.0	713.0	715.0	356.5	276.0	98.8%	96.8%	100.3%	77.4%	259	6.1	2.4	8.5
Whipps Cross	ICU WXH	6,936.0	5,433.0	1,668.0	728.0	6,369.0	4,913.8	1,364.0	456.0	78.3%	43.6%	77.2%	33.4%	297	34.8	4.0	38.8
Whipps Cross	MARGARET	1,077.0	1,057.1	356.5	345.0	713.0	715.5	356.5	356.5	98.2%	96.8%	100.4%	100.0%	272	6.5	2.6	9.1
Whipps Cross	MULBERRY	2,311.5	2,017.0	1,739.0	1,205.5	1,437.5	1,395.0	1,426.0	1,127.0	87.3%	69.3%	97.0%	79.0%	931	3.7	2.5	6.2
Whipps Cross	NEONATAL WXH	2,432.5	2,016.5	1,075.5	547.0	2,058.7	2,205.2	713.0	241.5	82.9%	50.9%	107.1%	33.9%	364	11.6	2.2	13.8
Whipps Cross	NIGHTINGALE	1,422.0	1,419.3	356.5	437.0	1,426.0	1,426.0	356.5	402.5	99.8%	122.6%	100.0%	112.9%	383	7.4	2.2	9.6
Whipps Cross	PEACE	1,667.5	1,667.5	1,426.0	1,710.0	1,069.5	1,426.0	1,069.5	1,427.5	100.0%	119.9%	133.3%	133.5%	481	6.4	6.5	13.0
Whipps Cross	POPLAR	1,748.0	1,525.0	1,081.0	839.5	1,426.0	1,196.0	1,069.5	816.5	87.2%	77.7%	83.9%	76.3%	394	6.9	4.2	11.1
Whipps Cross	PRIMROSE	1,782.5	2,116.0	1,477.0	1,638.5	1,425.5	1,863.0	1,069.5	1,541.5	118.7%	110.9%	130.7%	144.1%	786	5.1	4.0	9.1
Whipps Cross	ROWAN	1,777.5	1,793.5	1,426.0	1,572.5	1,426.0	1,495.0	1,069.5	1,483.5	100.9%	110.3%	104.8%	138.7%	812	4.0	3.8	7.8
Whipps Cross	SAGE	1,667.5	1,610.0	1,451.0	1,550.0	1,426.0	1,322.5	1,069.5	1,276.5	96.6%	106.8%	92.7%	119.4%	808	3.6	3.5	7.1
Whipps Cross	SYCAMORE	1,311.0	1,667.5	1,426.0	1,644.0	1,069.5	1,518.0	1,069.5	1,426.0	127.2%	115.3%	141.9%	133.3%	823	3.9	3.7	7.6
Whipps Cross	SYRINGA	1,426.0	1,481.5	1,734.0	1,780.0	1,069.5	1,127.0	1,403.0	1,782.5	103.9%	102.7%	105.4%	127.0%	799	3.3	4.5	7.7

Safe Staffing Fill Rates by Ward and Site

Sep-23

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	BECKTON	1,391.5	2,248.1	1,069.5	1,340.0	1,403.0	2,284.8	1,069.5	1,552.5	161.6%	125.3%	162.8%	145.2%	587	7.7	4.9	12.6
Newham	Custom House NUH	1,426.0	1,624.8	1,069.5	1,298.7	1,069.5	1,140.5	1,426.0	1,713.5	113.9%	121.4%	106.6%	120.2%	594	4.7	5.1	9.7
Newham	DELIVERY SUITE NUH	4,967.5	4,798.5	713.0	632.5	4,841.5	4,732.0	713.0	713.0	96.6%	88.7%	97.7%	100.0%	569	16.7	2.4	19.1
Newham	EAST HAM	1,782.5	1,885.3	1,069.5	1,058.0	1,426.0	1,621.5	1,069.5	1,092.5	105.8%	98.9%	113.7%	102.2%	625	5.6	3.4	9.1
Newham	HEATHER	2,137.0	2,248.0	1,069.5	1,316.0	2,116.0	2,277.0	1,069.5	1,253.5	105.2%	123.0%	107.6%	117.2%	770	5.9	3.3	9.2
Newham	LARCH	3,354.3	3,028.0	2,127.0	1,929.0	2,357.5	2,328.2	1,782.5	1,748.0	90.3%	90.7%	98.8%	98.1%	1,500	3.6	2.5	6.0
Newham	Manor Park ITU NUH	4,266.5	3,254.0	713.0	805.0	4,244.0	3,243.0	713.0	839.5	76.3%	112.9%	76.4%	117.7%	272	23.9	6.0	29.9
Newham	MAPLE	1,035.0	915.0	713.0	655.5	1,023.5	885.5	701.5	678.5	88.4%	91.9%	86.5%	96.7%	155	11.6	8.6	20.2
Newham	NEONATAL NUH	3,772.0	3,610.5	609.5	322.0	3,737.5	3,411.0	598.0	448.5	95.7%	52.8%	91.3%	75.0%	640	11.0	1.2	12.2
Newham	NUH MIDWIFERY	1,000.5	1,037.0	316.4	304.9	1,069.5	1,042.0	356.5	357.5	103.6%	96.4%	97.4%	100.3%	157	13.2	4.2	17.5
Newham	PLASHET	1,572.0	2,479.6	1,069.5	1,206.0	1,426.0	2,230.7	1,069.5	1,252.1	157.7%	112.8%	156.4%	117.1%	722	6.5	3.4	9.9
Newham	RAINBOW	2,793.5	2,526.0	964.0	960.5	1,782.5	1,851.5	356.5	437.0	90.4%	99.6%	103.9%	122.6%	352	12.4	4.0	16.4
Newham	SILVERTOWN	1,746.5	1,782.5	1,058.0	1,138.5	1,771.0	1,761.5	1,023.5	1,610.0	102.1%	107.6%	99.5%	157.3%	666	5.3	4.1	9.4
Newham	STRATFORD	1,423.5	1,536.0	1,069.5	1,261.0	1,426.0	1,576.5	1,058.0	1,234.6	107.9%	117.9%	110.6%	116.7%	527	5.9	4.7	10.6
Newham	Tayberry	2,489.5	2,631.0	1,069.5	1,067.5	2,495.5	2,690.7	1,069.5	1,148.7	105.7%	99.8%	107.8%	107.4%	634	8.4	3.5	11.9
Newham	THISTLE	1,780.5	2,146.5	1,069.5	1,091.5	1,782.5	2,150.0	1,069.5	1,193.8	120.6%	102.1%	120.6%	111.6%	685	6.3	3.3	9.6
Newham	WEST HAM	1,332.0	1,308.5	984.5	935.0	1,069.5	1,069.5	345.0	713.0	98.2%	95.0%	100.0%	206.7%	570	4.2	2.9	7.1
St Bart's	1C	5,964.5	4,817.0	356.5	218.5	5,313.0	4,785.5	184.0	299.0	80.8%	61.3%	90.1%	162.5%	364	26.4	1.4	27.8
St Bart's	1D	3,200.0	2,450.8	356.5	379.5	2,852.0	2,255.0	356.5	356.5	76.6%	106.5%	79.1%	100.0%	325	14.5	2.3	16.7
St Bart's	1E	4,991.0	4,188.3	356.5	340.5	4,979.5	4,190.0	356.5	287.5	83.9%	95.5%	84.1%	80.6%	296	28.3	2.1	30.4
St Bart's	3A SBH	4,987.5	4,507.3	1,422.5	1,207.4	4,989.5	4,716.5	1,426.0	1,372.5	90.4%	84.9%	94.5%	96.2%	855	10.8	3.0	13.8
St Bart's	3D SBH	1,552.5	1,939.3	1,196.0	1,282.0	1,495.0	1,712.5	954.5	920.0	124.9%	107.2%	114.5%	96.4%	485	7.5	4.5	12.1
St Bart's	4A SBH	1,782.5	1,727.0	1,058.0	966.0	1,426.0	1,414.5	345.0	816.5	96.9%	91.3%	99.2%	236.7%	693	4.5	2.6	7.1
St Bart's	4B SBH	1,583.5	1,429.5	1,227.0	1,007.3	1,426.0	1,414.5	713.0	815.0	90.3%	82.1%	99.2%	114.3%	580	4.9	3.1	8.0
St Bart's	4C SBH	1,782.5	1,621.5	954.5	783.5	1,414.5	1,299.5	954.5	874.0	91.0%	82.1%	91.9%	91.6%	573	5.1	2.9	8.0
St Bart's	4D & 4ESBH	1,733.3	2,095.5	713.0	710.0	1,621.5	1,966.5	713.0	782.0	120.9%	99.6%	121.3%	109.7%	501	8.1	3.0	11.1
St Bart's	5A SBH	2,189.0	2,161.4	911.0	973.5	1,463.0	1,678.3	341.0	663.0	98.7%	106.9%	114.7%	194.4%	597	6.4	2.7	9.2
St Bart's	5B SBH	1,410.0	1,311.0	721.0	667.0	1,426.0	1,433.5	356.5	701.5	93.0%	92.5%	100.5%	196.8%	431	6.4	3.2	9.5
St Bart's	5C SBH	2,122.0	2,083.6	713.0	839.5	1,782.5	1,768.5	356.5	655.0	98.2%	117.7%	99.2%	183.7%	560	6.9	2.7	9.5
St Bart's	5D SBH	2,139.0	2,060.5	713.0	806.5	1,782.5	1,703.5	713.0	802.0	96.3%	113.1%	95.6%	112.5%	715	5.3	2.2	7.5
St Bart's	6A SBH	6,415.0	5,581.0	356.5	264.5	6,417.0	5,659.0	356.5	310.5	87.0%	74.2%	88.2%	87.1%	344	32.7	1.7	34.3
St Bart's	6D SBH	1,449.0	1,411.5	736.0	686.5	1,092.5	1,069.5	713.0	701.5	97.4%	93.3%	97.9%	98.4%	482	5.1	2.9	8.0

Report to the Trust Board: 13 September 2023	TB 52/23
---	-----------------

Title	Finance, Investment and Performance Committee Exception Report
Chair	Mr Adam Sharples, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

<p>Executive summary The Committee met on 6 September 2023 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).</p>	
<p>Key agenda items</p> <p><i>Operational performance (constitutional standards)</i></p> <p><i>Monthly finance report</i></p> <p><i>Capital programme report</i></p> <p><i>NEL one procurement</i></p>	<p>BAF entries</p> <p>5,6</p> <p>13</p> <p>14</p> <p>13</p>
<p>Key areas of discussion arising from items appearing on the agenda</p> <p>Operational performance (constitutional standards) The Committee reviewed in detail performance against operational constitutional standards, with a focus on urgent and emergency care; waiting list reductions; cancer and diagnostics performance (with key details appearing in the Trust Board's IPR). The additional challenges of industrial action had impacted on the ability to fulfil activity plans and reduce waiting lists. The Committee spent significant time considering the impact of mental health care shortfalls on non-elective and elective workloads.</p> <p>Monthly finance report The Committee discussed and noted the M4 position (as summarised in the IPR). The committee reviewed delivery against savings plans, noting the oversight role of the Financial Recovery Board. Concerns remained in relation to the run rate and projected year-end deficit. Financially, the costs of maintaining core services during junior doctor strikes were discussed. These included the costs of alternative temporary staff, high cost of additional consultant shifts and inefficiencies associated with cancellations and uncertainty on bookings.</p> <p>Capital programme report The Committee noted the significant challenges associated with capital constraints in 2023/24, the management of capital spend in the context of expected CRL overshoot and steps to more sustainably fund longer term capital pressures associated with fire safety improvements.</p> <p>OneNEL Procurement In a similar direction of travel in other sectors, plans had been developed to create a single</p>	

sector wide procurement function. The Committee noted

Any key actions agreed / decisions taken to be notified to the Board

-

Any issues for escalation to the Board

It was agreed to escalate the committee's ongoing concerns regarding the shortage of mental health care provision and its impact on operational delivery plans.

The committee also highlighted concern regarding the adverse variance to the financial plan.

**Legal implications/
regulatory requirements**

The above report provides assurance in relation to CQC Regulations and Outcomes.

Action required by the Board

The Trust Board is asked to note the exception report.

Report to the Trust Board: 13 September 2023	TB 53/23
---	-----------------

Title	Audit and Risk Committee Exception Report
Chair	Ms Kim Kinnaird, Non Executive Director (Chair)
Author(s) / Secretary	Trust Secretary
Purpose	To advise the Trust Board on work of Trust Board Committees (detailed minutes are provided to Board members separately)

Executive summary	
The Audit and Risk Committee met on 19 July 2023 to discuss items on its agenda (drawn from its annual workplan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).	
Key agenda items	BAF entries
<i>Internal Audit progress report</i>	All
<i>BAF and high risks report</i>	All
<i>QAC exception report</i>	All
<i>Freedom to Speak up</i>	All
<i>Losses and special payments</i>	All
Key areas of discussion arising from items appearing on the agenda	
Internal Audit reports	
The committee reviewed outcomes of audits assigned reasonable or substantial assurance ratings. The committee discussed a limited assurance review of workforce planning at The Royal London with some learning on temporary staff controls. The committee also noted similar hospital reviews considered in full by the Quality Assurance Committee. The committee noted good progress in reducing the number of overdue management actions arising from audit reviews. Time was spent on the work of counter fraud services to raise awareness and to investigate casework.	
BAF and high risks report	
The Committee spent time reviewing the mapping of BAF risks to objectives, committee roles and risk appetites. Following board approval of a new report on performance and risk to operational plan delivery, a full BAF with risk tolerance triggers would be worked up and considered by the Committee in September and the Board in November. The committee discussed steps to mainstream approaches to horizon-scanning (similar to the approach at executive board level). In relation to high risks, there was a desire to reduce the level overdue for review.	
Freedom to Speak Up report	
The committee discussed the report, which expanded on the details provided via the yearly report to the Trust Board. The report reflected a balance of positive feedback with some areas of concern (including staff concerns regarding bullying and harassment issues).	

Any key actions agreed / decisions taken to be notified to the Board	
None.	
Any issues for escalation to the Board	
None	
Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and Outcomes.
Action required by the Board	
The Trust Board is asked to note the Audit and Risk Committee exception report.	

Report to the Trust Board: 12 July 2023	TB 54/23
--	-----------------

Title	Quality Assurance Committee Exception Report	
Chair	Dr Kathy McLean, Non-Executive Director	
Author / Secretary	Sean Collins, Trust Secretary	
Purpose	To advise on work of Trust Board Committees	
Executive summary		
The Quality Assurance Committee (QAC) met on 6 September 2023 to discuss items on its agenda relevant to its terms of reference.		
Key agenda items	BAF entries	
<ul style="list-style-type: none"> • Letby verdict • Clinical Audit • Health and Safety • Insight and patient engagement • Learning disabilities and autism • Maternity • PSIRF implementation • Internal Audit • Quality BAF and High Risks • RLH/Mile End Hospital Quality Report 	All All All All All 9 All All 8,9,11 and 15 All	

<p>Any key actions / decisions taken to be notified to the Board:</p> <p>The committee reviewed the above agenda items and substantial assurance identified in relation to each of the items (unless specified). The committee opened with a discussion of some immediate actions by leaders in response to the Letby verdict and associated tragic events. An initial focus was on ensuring that the organisational culture was open and supportive to concerns being raised. In addition to safeguarding, complaints, freedom to speak up and other channels for reporting and investigating concerns, the committee discussed assurances on tracking of mortality at specialty level and the role of hospital medical examiners in reviewing deaths.</p> <p>Clinical Audit yearly report</p> <ul style="list-style-type: none"> • The committee took substantial assurance from the report. Improvement opportunities on local audits existed with the introduction of an improved information system (which should provide greater visibility, granularity of progress reporting and sharing of findings). <p>Health and Safety yearly report</p> <ul style="list-style-type: none"> • The committee took substantial assurance from the report (appearing separately as a board agenda item). Improvement opportunities included review of sharps management.

Research and Development yearly report

- The committee took substantial assurance from the report (appearing separately as a board agenda item). The report was highly positive and further good news was provided on an expanded role for the Trust hosting the capital’s local research networks.

Learning disabilities and autism yearly report

- The committee took substantial assurance from the report. Members were encouraged by the investment in an increased WTE resource to support this important work.

Maternity Report

- The committee took substantial assurance from the report, while agreeing there was more work to be done on staffing and morale in RLH teams. A summit would explore some of the key outputs from improvement programmes.

Complaints Annual Report

- The committee took reasonable assurance from the report, noting the remaining work to be done to improve complaints handling.

Maternity Report

- The committee took partial assurance from the report, noting there needed to be closer monitoring of some of the issues and risks and more focus on the issues at Royal London Hospital, while recognising workforce limitations and local population.

Internal Audit Report

- The committee noted two limited assurance internal audit reviews (on Deprivation of Liberty arrangements; and management of remote consultations). Helpful progress updates were received on implementing recommended actions.

BAF Risks

- The committee noted the report on high risks and the related refreshed BAF risks.

RLH/Mile End University Hospital Quality Report

- The committee was assured on progress being made and a clear focus of the hospital leadership team on revisiting the essentials of care.

Any issues for escalation to the Board

There were no items requiring escalation to the Board.

**Legal implications/
regulatory requirements**

The above report provides assurance in relation to CQC Regulations and Outcomes and BAF entries as detailed above.

Action required

The Board is asked to note the report.

Report to the Trust Board: 13 September 2023	TB 55/23
---	-----------------

Title	Workforce Race Equality Scheme 2022/23 (WRES) and Workforce Disability Equality Scheme 2022/23 (WDES)
Sponsoring Director	Group Director of People (Daniel Waldron), Group Director of Equity and Inclusion (Ajit Abraham)
Author(s)	Group Deputy Director of People (Del Mehet)
Purpose	To provide the statutory WRES and WDES reports for approval/attention.
Previously considered by	Inclusion and Equity Board July; GEB August

Executive summary	<p>As a statutory requirement, all NHS Trusts must submit the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data centrally, and publish an annual report on progress towards equality. These reports highlight the experience of people from a Black, Asian or ethnic minority background, and people with a disability respectively. Both will be published on our website and made publicly accessible. This board paper presents the two separate reports for 2022/23 covering WRES and WDES as appendices, to fulfil this requirement. Key findings from these reports are summarised as:</p> <p>WRES:</p> <ul style="list-style-type: none"> • Noticeable improvements across 7 of the 9 metrics. For many of the metrics, this represents a continued positive trend. Increased 8a+ representation in Black, Asian and ethnic minority colleagues (BME) has been a particular success story. • BME colleagues have equitable access to non-mandatory training year on year, and bullying and harassment from the patients and public has improved consecutively for the last two years, down to pre-covid levels. • There has been improvement in a number of metrics for the first time, that have not traditionally changed. These metrics include, appointing BME colleagues from shortlisting, percentage of BME colleagues believing in fair progression and the percentage of people experiencing discrimination. • This is a key achievement, but is not cause for complacency. Gaps remain between white and BME colleagues' experience at work across most metrics. Additionally, the improvements seen in the data is not always reflected in colleagues' perception/lived experience. Furthermore, Board representation remains a key issue that requires further attention. <p>WDES</p> <ul style="list-style-type: none"> • The report shows there is still much to do for colleagues with a long-term health condition or disability. The metrics present a mixed picture with 6 out of 13
--------------------------	---

- metrics improving. The continuing positive trend in representation of people with a disability, shortlisting and reducing bullying is a key achievement. The gap between people with/without a disability across all metrics remains noticeable.
- There has been an increase in the percentages of colleagues with a long term health condition or disability experiencing bullying and harassment. There were increases in the percentages of colleagues experiencing bullying from patients and the public (35.5%), managers (26.4%) and colleagues (32.8%).
 - The proportion of people with a disability that feel their work is valued decreased for the third year in a row, and the proportion of people with a disability who feel pressured to come into work increased, albeit modestly. The proportion of people accessing reasonable adjustments also decreased.
 - Whilst some metrics saw an unexpected decline, there was an increase in the proportion of people with a disability who believe progression is fair, after this declining throughout the pandemic. This could represent a more optimistic future, and a change in direction which may spread to other metrics as we move into recovery.

With respect to the inclusion agenda overall, our staff networks and the inclusion centre have played a pivotal role in helping to drive forward and accelerate progress. Barts Health has accelerated and scaled its interventions throughout 2022/23. Taken together these reports continue to show how we need to consider the intersectional experience of our colleagues and ensure that we maintain the right balance between addressing disparities experienced for colleague from Black, Asian or minority ethnic groups and colleague with a long-term health conditions or disabilities.

Key to making future progress, will be embedding this existing work on cultural intelligence, fair processes, enhanced inclusion capability building, the inclusive career framework and network development. Findings from the WRES and WDES report will be used to enhance existing and develop further interventions to create further improvements into 2023/24.

As well as continuing to review WRES/WDES, we will seek to capture staff stories in a positive way to understand what is working well and to be transparent around what can be improved. This will help us understand how people’s perception and lived experience compares to improvements in the WRES and WDES data, and ultimately understand if things feel different on the ground.

Related Trust objectives	
Becoming an outstanding, inclusive place to work.	

Risk and Assurance	This report provides assurance in relation to BAF entries 1-4
---------------------------	---

<p>Related Assurance Framework entries</p>	<p>1. A lack of evidenced delivery on the operational plan’s inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level.</p> <p>2. Insufficient leadership capacity and capability to effectively prioritise wellbeing plans impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level.</p> <p>4. Substantive workforce capacity and capability shortfalls at Trust and NEL level results in reduced consistency of care standards, morale and ability to retain flexibility for seasonal or other surges in demand for services</p>
---	---

<p>Legal implications/ regulatory requirements</p>	<p>A copy of this report will be published on the Trust website and the GPG data will be uploaded to the national reporting portal.</p>
---	---

<p>Action required: The Trust Board is asked to approve the report</p>



NHS Workforce Race Equality Standard

Barts Health Data Summary and Action Plan
2022 / 2023

Summary Report using data from April 2022 - March 2023

1. Introduction

In April 2015, NHS England introduced the Workforce Race Equality Scheme (WRES). The scheme consists of nine indicators and helps NHS organisations recognise and reduce any inequality gaps between white and Black, Asian and minority staff (BAME) staff. The WRES is produced each year and is one of our tools to understand progress on our journey to becoming a truly inclusive organisation.

Barts Health NHS Trust (Barts Health) has committed to taking a transparent and proactive approach to addressing inequality. Whilst submitting WRES data annually to NHSE is a statutory requirement, this is important to us in order to effectively use our data and help drive improvements in the Trust, in line with recommendations in the London Workforce Race Equality Strategy.

This report contains the updated WRES metrics for the period April 2022 - March 2023. In this summary, data from the previous year is also reported, alongside our previous submissions. This is to understand if we have improved since last year, and whether improvements have been made overall since first reporting, and where more needs to be done to accelerate inclusion. This report also refers to data included in the WRES national report in places to provide context for how the metrics have changed for the rest of the NHS in comparison to Barts Health.

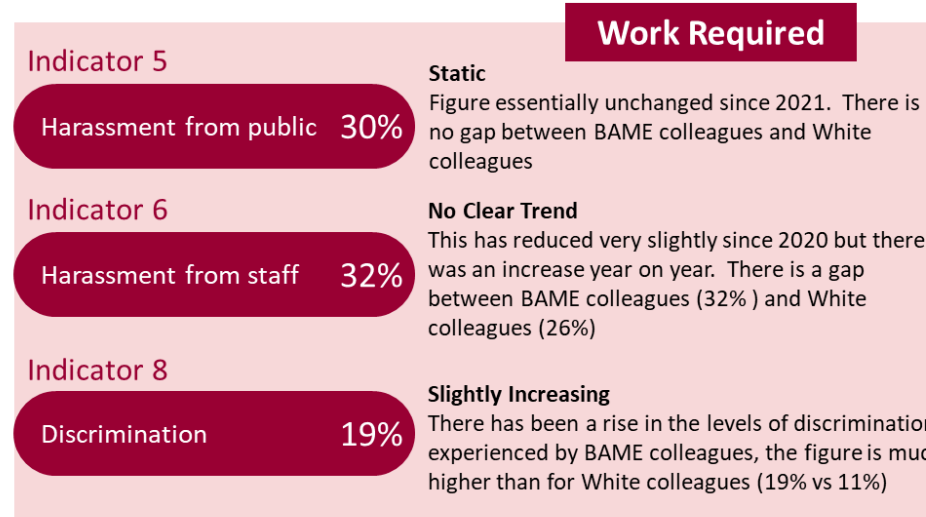
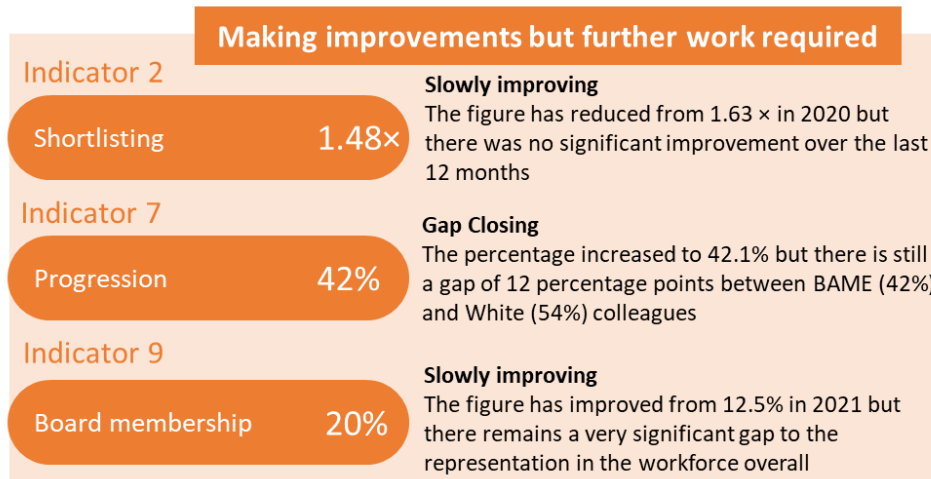
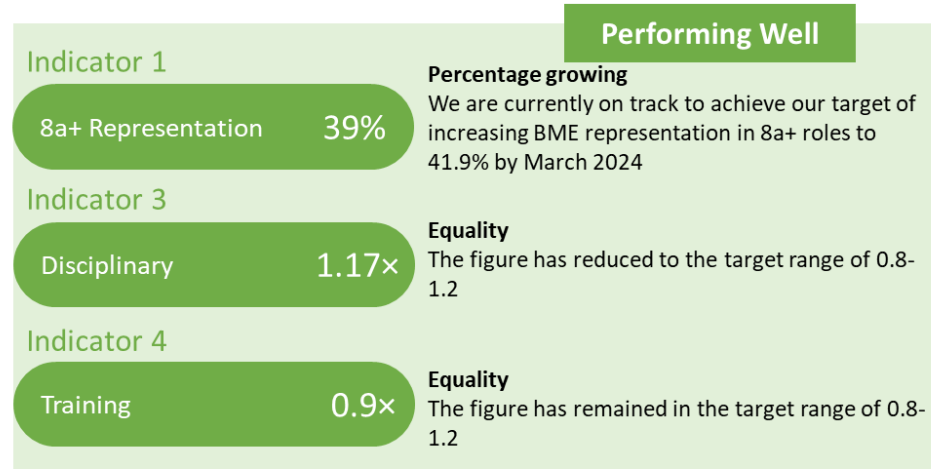
Across Barts Health we use these indicators to ensure that we are taking proactive and positive steps to achieve our ambitions around eliminating discrimination, ensuring equality of opportunity, and promoting good relations between all people. This data is critical in monitoring our progress towards the Model Employer Goals for which we have aligned our interventions and will help us achieve our target of representative leadership.

This report contains a summary of our WRES data, and our action plan is provided to show how Barts Health are closing the remaining gaps in equality, and what key interventions have been implemented in the last year.

Note on terminology: Barts Health has fed into a national process to review and agree updated terminology that our colleagues will better identify with. In the meantime, this document continues to use the terms BME and BAME to follow the WRES technical guidance that ensures consistent data collection and analysis across the NHS.









Figure 1, WRES 2023 Highlights

Barts Health WRES 2022-23 Highlights



2. Being Accountable: The Overall Picture

When considering our journey to equality, it is important to look at WRES over time, this gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress, which is explained in more detail throughout this report.

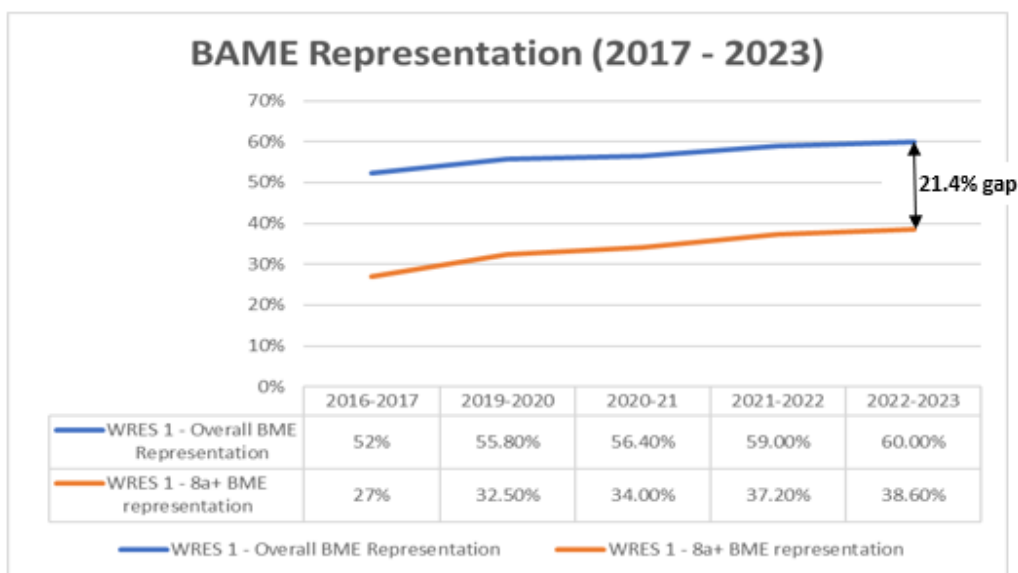
Metric Area	Improved last year	4 year view	Where are we now?
Metric 1: Representation	 Yes	Consistent year on year improvement since reporting	BAME Representation has been increasing consistently in senior, and non-senior positions which is a substantial achievement. There remains a gap between our overall workforce and representation in leadership, but we are currently on track to achieve our target of increasing BAME representation in 8a+ roles to 41.9% by March 2024.
Metric 2: Shortlisting	 Yes	Modest improvements over the last two years	White staff are 1.48x times more likely to be shortlisted than BAME staff. This represents only a marginal improvement to the previous year, where noticeable improvement was achieved after the metric remained static for the previous two years. Whilst this metric is moving in the right direction, a significant gap remains showing a need for further intervention.
Metric 3: Disciplinary Process	 Yes	First noticeable improvement since reporting	There has been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary compared to white staff. This is the first noticeable improvement against this metric since initial reporting, this should be viewed in relation to the large reductions in the number of formal disciplinary cases we have seen over the last few years. The Trust will continue to embed work to create a fair and just culture to sustain the improvements that have been achieved.
Metric 4: Training	 Yes	Improvement 2 years in a row	A greater proportion of BAME staff continue to access non-mandatory training, albeit the gap between white/BAME colleagues has reduced since the previous year. We will continue to monitor training uptake to ensure this ratio remains as close to 1:1 as possible.
Metric 5 – 6: Harassment from staff and service users	 No	These metrics were steadily improving year on year but have deteriorated for the first time since reporting.	The proportion of BAME staff experiencing harassment from staff and service users has deteriorated for the first time since initial reporting, following a period of year-on-year improvement against this metric. There is parity of experience between BAME and white staff in relation to harassment and bullying from the public. However, there is a 6% disparity between the experiences of BAME staff and white staff in relation to this metric, with 26% of white staff reporting experiencing harassment, bullying or abuse from staff in the last 12 months, compared to circa 32% of BAME staff.
Metric 7: Career progression	 Yes	Improvement 2 years in a row	42.1% of BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion, which represents a 0.7% improvement from the previous year and a 2.3% improvement from 2020. The consecutive two-year improvement against this metric is most likely attributable to the implementation of Barts Health's inclusive career development framework. Despite the consecutive two-year improvement against this metric, the percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion is 12% lower than white colleagues.
Metric 8: Experiencing discrimination	 No	Fluctuated year on year, no significant trend despite deterioration this year.	The percentage of BAME staff experiencing discrimination at work from a manager/team leader or other colleagues has increased by 0.8% to 19.3%, from 18.5% in 2022. Despite deterioration this year, this metric has fluctuated year on year since initial reporting and there is no significant trend that can be identified. More will need to be done to eliminate all forms of discrimination, including further embedding our cultural intelligence programme.
Metric 9: Board composition	 Yes	Improvement 2 years in a row	After seeing no change in board representation since initial reporting, we have increased BAME Board representation for the second year in a row. BAME Board composition has increased by 2.4% to 20%, from 17.6% in 2022. This is a positive change in direction, but a 40% gap exists between the proportion of BAME colleagues in our workforce overall and our board.

3. 2022/23 Narrative on WRES Metrics for Barts Health NHS Trust

Overall, six out of nine metrics have shown an improvement in the last year, suggesting that the implementation of our WeBelong Inclusion strategy, and associated interventions continue to have an impact. In particular, the data suggests that the work that has been underway to create an inclusive, fair, and just culture across the Trust is notably improving the relative likelihood of BAME staff entering the formal disciplinary process, compared to white staff. Whilst there have been improvements in these six metrics, compared to white staff, BAME staff are still under-represented in the most senior roles, less likely to be shortlisted, more likely to face bullying or discrimination from colleagues (but not bullying from the public).

Metric 1: Representation

- The proportion of BAME staff in the trust has grown overall by 7.8% between 2016-17 (52.2%) and 2022-23 (60.0%).
- The percentage of BAME colleagues in 8a+ roles has grown year on year and overall, by 11.5% between 2016-17 (27.1%) and 2022-23 (38.6%) and indicates that the Trust is on track to meet its target of increasing BAME representation in 8a+ roles to 41.9% by March 2024.
- The percentage of BAME colleagues in 8a+ roles in March 2023 (38.6%) represents a 1.4% increase from the previous year (37.2%).
- However, the Trust has only made 0.4% progress in closing the gap between our BAME workforce and senior leadership between 21-22 (21.8% gap) and 22-23 (21.4% gap), which suggests that more could be done within our inclusive career development and succession planning workstreams to further reduce the gap and ensure that our leadership composition truly reflects the diversity within our workforce.



Metric 2: Shortlisting

- The relative likelihood of white staff being appointed from shortlisting compared to BAME staff has remained relatively static with only a marginal improvement from 1.5×. in 2022 and 1.48×. in 2023.
- This is in contrast to the previous year, where there was a noticeable improvement from 1.65×. in 2021 to 1.5×. in 2022. The improvements last year were most likely driven by the following interventions:
 - Review and updating of recruitment practices.
 - Continued application of inclusion ambassadors at interview to provide unbiased decision makers.
 - Working with the wider ICS and our community to understand how to better increase access to opportunities, including project search and healthcare horizons.
 - The launch of our cultural intelligence (CQ) programme to acknowledge and address personal biases to create a fairer culture overall.
- It is therefore evident that to sustain the improvements against this metric that were achieved in 2022 in the long term, key interventions, for example inclusion ambassadors and the CQ programme, need to be fully embedded throughout the organisation.
- The data also indicates that more can be done as an organisation to ensure that our recruitment practices are as inclusive and equitable as possible. Potential options include:
 - Implementing a values-based approach to the creation of job description and recruitment processes.
 - Roll out of inclusive recruitment training.
 - Advertising posts internally before external advertisement and strongly encouraging staff from under-represented staff groups to apply.

Metric 3: Disciplinary Process

- There has been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary process, compared to white staff.
- As at March 2023, BAME staff were 1.17×. more likely than white staff to enter the formal disciplinary process, which is now in the range 0.8-1.2 which is used as a guide of fairness. This also represents a considerable improvement from the previous year and initial reporting in 2016, when BAME staff were 1.77×. and 1.9×. more likely, respectively.
- Between 2020 and 2022, our performance against this metric was deteriorating. Therefore, Barts Health implemented several interventions to create an inclusive, fair, and just culture across the Trust. In addition to the improvements against this metric, the changes that have been introduced have had other benefits for our people including a reduction in the number of formal disciplinary cases, increased levels of informal resolution in employee relations cases and a reduction in the number of cases that result in a finding of no case to answer.
- For example, the Trust has rolled out wider inclusion capability/awareness building and improved the effectiveness of our employee relations processes, through the revision of our disciplinary, dignity at work and grievance policies to embed fair and just culture

principles, including a 'Pause and Reflect' stage aimed at reducing inappropriate disciplinary investigations.

- It is likely that the reduction in the disparity in disciplinary cases for BAME colleagues is attributable to these interventions. The Trust will therefore continue to promote a fair and just culture across the organisation, to sustain the improvements that we have achieved in this area.

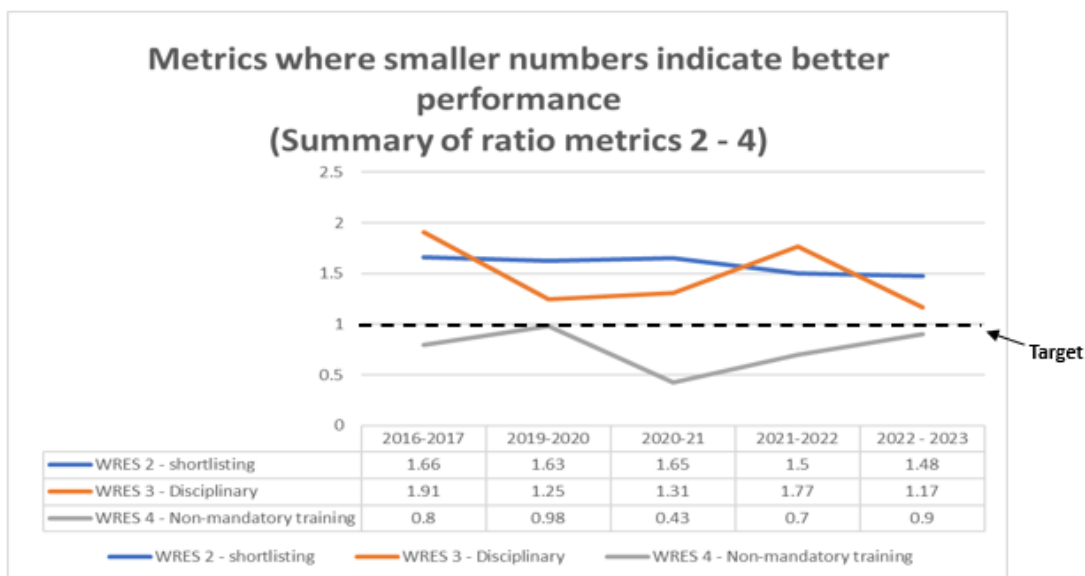
Metric 4: Non-Mandatory Training and CPD

- Although there have been significant yearly fluctuations since initial reporting in 2017, BAME staff have continually had greater access to non-mandatory training and Continuing Professional Development (CPD).
- This disparity may be due to the relative over-representation of BAME staff in clinical roles, which require staff to undertake a minimum amount of CPD to maintain their professional registration. The overrepresentation of BAME staff within clinical roles is demonstrated within our registered nursing and midwifery workforce, which is comprised of 69% BAME staff compared to 27% white staff.
- Another potential explanation for this disparity is that BAME staff consider training and CPD opportunities as pathways to mitigate perceived barriers to career progression, and consequently are more likely to access such opportunities when they become available. Given that metric 7 highlights a 12% disparity between the percentage of BAME staff believing that the Trust provides equal opportunities for career progression and promotion (42%) compared to white staff (54%), it is possible that a higher proportion of BAME staff are accessing non-mandatory training and CPD opportunities as a strategic approach to enhance their chances of progression within the organisation.
- This is supported by data which shows that, despite increasing educational gains made by people from non-white backgrounds, many are overqualified for the jobs that they do (40% of African and 39% of Bangladeshi employees were overqualified for their roles, compared with 25% of white workers¹). Moreover, the McGregor Smith review of Race in the Workplace highlights that all BAME groups are more likely to be overqualified than white ethnic groups, but white employees are more likely to be promoted than all other groups².
- It is therefore critical that we robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into meaningful outcomes for BAME staff, in terms of their career progression.
- The disparity in access to non-mandatory training and CPD has been reducing for two consecutive years and has reduced from 0.7 in 2022 to 0.9 in 2023, indicating that access to non-mandatory training and CPD is increasingly becoming more equitable across the organisation.

¹ <https://theconversation.com/being-bame-often-means-being-over-qualified-and-under-paid-heres-how-pay-reporting-could-help-99338>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

- Whilst BAME staff are still accessing non-mandatory training and CPD proportionally more than white staff, the increase in the proportion of white staff accessing training will need to be monitored carefully to ensure this metric does not go above 1.0 to ensure equality.



Metric 5: Bullying & Harassment from the Public

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months has increased by 2.2 percentage points between 2022 (28.2%) and 2023 (30.4%).
- This deterioration follows a consecutive two-year improvement against this metric between 2020 and 2022. This may be associated with the Trust's return to fully operational service delivery and the lifting of restrictions for visitors and relatives on site, post pandemic.
- Around 30% of white staff also reported experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. Although there is parity of experience between BAME staff and white staff in relation to this metric, circa 30% of all staff are reporting experiencing harassment, bullying or abuse from patients, relatives, or the public, which indicates that more work may need to be done to bolster our violence and aggression prevention strategies to reduce incidences of violence and aggression from the public towards our staff.

Metric 6: Bullying & Harassment from Colleagues

- Like metric 5, the percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased slightly from 31.4% (2021-22) to 31.9% (2022-23).
- This deterioration follows a consecutive three-year improvement against this metric between 2020 and 2023.

- In contrast to metric 5, there is a 6% disparity between the experiences of BAME staff and white staff in relation to this metric, with 26% of white staff reporting experiencing harassment, bullying or abuse from staff in the last 12 months, compared to circa 32% of BAME staff.
- The deterioration this year reinforces the need to continue to emphasise the speak up channels that we have in place to support colleagues who experience unacceptable behaviours.

Metric 7: Progression

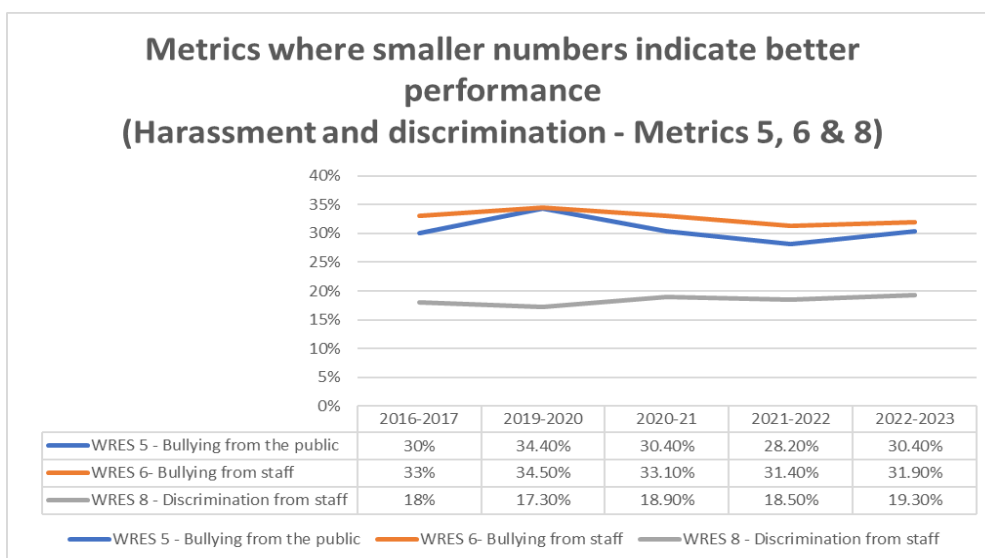
- 42.1% of BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion, which represents a 0.7% improvement from the previous year and a 2.3% improvement from 2020.
- The consecutive two-year improvement against this metric is most likely attributable to the implementation of Barts Health's inclusive career development framework.
- As part the Trust wide inclusive career progression framework, Barts Health has developed and is rolled out a consistent approach to succession planning across all sites including Group Support Services, to provide equal opportunities for development and to create a talent pool that is representative of our workforce.
- The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 cohorts.
- Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation.
- Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture.
- Despite the consecutive two-year improvement against this metric, the percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion is 12 percentage points lower than white colleagues. It is therefore critical that we robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into to meaningful outcomes for BAME staff, in terms of their career progression. This is linked to our strategic ambitions around creating a greater level of diversity in our senior leadership cadre.

Metric 8: Discrimination

- The percentage of BAME staff experiencing discrimination at work from a manager/team leader or other colleagues has increased by 0.8% to 19.3%, from 18.5% in 2022.
- Despite deterioration this year, this metric has fluctuated year on year since initial reporting and there is no significant trend that can be identified. Our priority in relation to this metric,

is therefore to see a significant reduction in the levels of discrimination experienced over time.

- In 2022, in response to the lack of a positive trend in relation to this metric, the Trust implemented several interventions including:
 - Continued review of speaking up routes, to ensure we have a culture of safety in raising concerns. We have reclarified routes to seeking support or resolution and have been actively addressing behaviours where concerns have been raised.
 - Ensuring the expectations in our Dignity at Work policy are clearly communicated, and that behaviours that do not constitute our WeCare values are appropriately addressed.
 - The launch and roll out of the Trust’s pioneering Cultural Intelligence (CQ) training programme. CQ is a model to enable people to work more collaboratively and effectively in diverse and multicultural contexts. To date, circa 1,400 colleagues have completed the programme, this number continues to rise. We are committed to continuing to roll out CQ locally across the organisation including focusing on teams and improving intercultural relations between staff.



Metric 9: Board Composition

- The percentage of Board members from a BAME background has increased by 2.4% from 17.6% in 2022 to 20% in 2023, which represents a consecutive two-year improvement against this metric.
- Despite these improvements, the representation at Board level is still significantly lower than the organisation as a whole. However, the increase in the percentage of Board members from Black, Asian or ethnic minority groups does indicate that the Trust is moving in the right direction towards more a Board that is more representative of the diversity of

the workforce. The Trust anticipates further improvement in relation to this metric, as we continue to deliver the following initiatives:

- The Trust has partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures.
- Our Future VSM Programme is an innovative and inspirational 7 -month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond.
- We have launched the opportunity as part of our wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce.
- We have also partnered with an external consultant with expertise around inclusive recruitment to review and improve our board level recruitment and advertising processes to adopt a more values/ impact-based model that seeks to increase diversity in VSM and board level roles.

3. Complete WRES Metrics: 2017 – 2023

This table summarises current WRES data. Previous years are included in this table to understand any changes over time, 2016/17 is pulled out of sequence to help compare current progress to the first submission of data. The last two columns include the latest available WRES data from the NHS as a whole. This is to help understand if any changes over the last year aligned to the national direction or unique to Barts Health. The percentages quoted in graphics and coloured red/green indicate the change since the previous year for either Barts Health or National Average.

WRES Metric	Barts Health NHS Trust					National WRES Data (average of all organisations - link)	
	2016/2017 (First report for comparison)	2019/2020	2020/2021	2021/2022	2022/2023 (Change since last year)	National Average 2021	National Average 2022 (Change since last year)
1a – Representation (All Staff)	52.2%	55.8%	56.4%	59.0%	60.0% (+1%)	22.4%	24.2% (+1.8%)
1a – Representation (8a+)	27.1%	32.5%	34.0%	37.2%	38.6% (+1.4%)	9.2%	10.3% (+1.1%)
2 – Shortlisting	1.66	1.63	1.65	1.50	1.48 (-0.02)	1.61	1.54 (-0.07)
3 – Disciplinary	1.91	1.25	1.31	1.77	1.17 (-0.6)	1.14	1.14 (no change)
4 – Training	0.8	0.98	0.43	0.70	0.90 (+0.2)	1.14	1.12 (-0.02)
5 – Bullying from the Public	30%	34.4%	30.4%	28.2%	30.4% (+2.2)	28.9%	29.2% (+0.3%)
6 – Bullying from Staff	33%	34.5%	33.1%	31.4%	31.9% (+0.5%)	28.8%	27.6% (-1.2%)
7 – Career Progression	Not available	41.4%	39.8%	41.4%	42.1% (0.7%)	44%	44.4% (+0.4%)
8 – Discrimination	18%	17.3%	18.9%	18.5%	19.3% (+0.8%)	16.7%	17% (+0.3%)
9 – Board Composition	Not available	12.5%	12.5%	17.6%	20.0% (+2.4%)	12.6%	13.2% (+0.6%)

Key: **Yellow** = Metric based on fewer than 100 cases

4. Site Level Comparisons: 2022 – 2023

This table summarises current WRES data by site, benchmarked to the Trust wide averages, to understand variation in staff experience across the organisation. Barts Health NHS Trust is a large and complex organisation, employing over 18,000 staff across five hospital sites in East London.

Due to demographic differences within our footprint, racial diversity varies significantly across our sites. For example, as at March 2023, 73.3% of the staff at Newham Hospital were from a BAME background, compared to 52.6% at St Bartholomew's Hospital (SBH), which mirrors demographic trends within the populations of Newham and the City of London. Similarly, 56.5% of band 8a+ staff at Newham were from a BAME background, compared to 25.6% at SBH.

These differences in racial diversity across our organisation may lead to nuances in the inter-cultural challenges that exist from site to site. For example, white staff are far more likely than BAME staff to be appointed from shortlisting at SBH (1.45x.) compared to Newham (1.17x.). Also, BAME staff are far more likely than white staff to be entered into formal disciplinary at SBH (1.63x.) compared to Newham (0.95x.).

Due to the variation in the WRES data across our organisation, it is important that the delivery of Trust wide inclusion interventions within the WeBelong strategy, are tailored to address the specific cultural challenges of each site, to ensure that the desired outcomes of the interventions are effectively achieved.

WRES Metric	Trust Wide Data	Site Level Data (Variation to the Trust Wide Data)				
		GSS	Newham	St Bartholomew's	The Royal London Hospital & Mile End	Whipps Cross
1a - % Staff from BAME background	60.0%	43.78% (-16.22%)	73.28% (+13.28%)	52.59% (-7.41%)	59.61% (-0.39%)	67.67% (+7.67%)
1a - % Band 8a+ Staff from BAME background	38.6%	38.54% (-0.06%)	56.35% (+17.75%)	25.57% (-13.03%)	34.28% (-4.32%)	47.34% (+8.8%)
2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.48	1.88 (+0.4)	1.17 (-0.31)	1.45 (-0.03)	1.72 (+0.24)	1.50 (+0.02)
3 - Relative Likelihood of BAME staff entering the formal disciplinary process compared to white staff	1.17	1.82 (+0.65)	0.95 (-0.22)	1.63 (+0.46)	1.67 (+0.5)	1.00 (-0.17)
4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.90	1.14 (+0.24)	0.96 (+0.06)	0.92 (+0.02)	0.90 (no variance)	0.85 (-0.05)
5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	30.4%	8.10% (-22.3%)	36.40% (+6%)	23.40% (-7%)	40.10% (+9.7%)	37.30% (+6.9%)
6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	31.9%	25.80% (-6.1%)	34.80% (+2.9%)	29.40% (2.5%)	33.70% (+1.8%)	33.70% (+1.8%)
7 - Percentage BAME staff believing the trust provides equal opportunities for career progression or promotion	42.1%	38.90% (-3.2%)	41.20% (-0.9%)	41.90% (-0.2%)	42.80% (+0.7%)	45.70% (+3.6%)
8 - Percentage BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	19.3%	18.70% (-0.6%)	19.90% (+1.2%)	21.00% (+1.7%)	19.90% (+0.6%)	17.60% (-1.7%)
9 - % Board members from a BAME background	20.0%	—	—	—	—	—

5. WRES Action Plan: Progress Over 2022/23

To drive the improvements seen in the data, Barts Health NHS Trust has established a robust form of governance to address opportunity areas within our inclusion agenda. A Group Inclusion Board is accountable for delivering objectives that align to London Workforce Race Equality Strategy, the NHS People Plan and other statutory reporting requirements. A dedicated Inclusion Centre drives the delivery of these objectives, and each hospital has a local inclusion committee that feeds into the Board and addresses site specific considerations. The board is supported by six staff diversity networks, including our BME Network. Last year's report outlined an action plan to address some of the disparities our WRES metrics have identified. We feel it is important to demonstrate how this action plan is being progressed. The following table includes commitments made last year, and what we have done to progress our ambitions:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
Leadership Development	<ul style="list-style-type: none"> Design and agree a single integrated WeLead leadership programme with a golden thread of inclusion running throughout for kick-off in 2022. Encourage adherence to training and explore protected time. Continue to roll out scale the Cultural Intelligence Programme. 	<p>Barts Health has systematically embedded the promotion of CQ within our WeLead leadership development framework, which is our novel approach to set out the clear competences and behaviours required of all managers to ensure fair progression for all staff, and a compassionate and inclusive culture.</p> <p>To date, circa 1,300 colleagues have completed the CQ programme, and this number continues to increase. Importantly we have the highest uptake in our senior leadership which was targeted to support our goals to ensure inclusive and compassionate leadership is embedded across Barts Health.</p> <p>Qualitative feedback in our evaluation form data highlighted that clinical staff found it challenging to be released to undertake the programme. In response, we developed half day masterclasses, embedded CQ training within the Nursing Preceptorships and offered a mixture of online and face to face delivery, to ensure equitable access to CQ training for clinical staff. Consequently, circa 40% of the staff that have completed the programme are from Nursing, Midwifery and AHP staff groups.</p> <p>To further scale and sustain the CQ programme, we will bolster internal training capability, through training 20 additional CQ facilitators who will drive the further roll out of the CQ programme across the Trust. This will form part of a localised delivery model – to allow the delivery of CQ to be tailored to the specific needs of each site across the Trust.</p> <p>As we continue to embed the programme, we will continue to robustly evaluate the programme to identify learning and best practice and monitor ongoing impact.</p>	2,3,4,5,6,8
Pause and Reflect Process	<ul style="list-style-type: none"> Review and develop existing support provision. Provide additional training to network leads to signpost staff to the most effective route. Continue to refine Fair and Just culture approach. 	<p>We have revised our disciplinary, dignity at work and grievance policies to embed fair and just culture principles, including a 'Pause and Reflect' stage aimed at reducing inappropriate disciplinary investigations.</p> <p>Consequently, the proportion of disciplinary cases that concluded with no case to answer fell from 26% in 2020-21 to 12% in Q3 of 2022-23. The number of formal disciplinary cases has also reduced from 81 in 2020-21 to 36 in 2021-22. This trend has been accompanied by a long-term improvement in our performance against the WRES metric which measures the likelihood of BAME staff being entered into formal the disciplinary process, compared to their white counterparts. In 2016, our BAME staff were 1.9 times more likely than white staff to be entered into formal disciplinary, compared to 1.17 in 2022.</p> <p>During 23/24, the Trust will continue to refine the fair and just culture approach.</p>	3,4,5,6

Progress Summary Continued:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
Enhanced appraisals:	<ul style="list-style-type: none"> Ensure every member of staff has an inclusion objective (facilitated via the new appraisal process) 	Continuing to monitor that all staff have an inclusion objective and wellbeing conversation, indirectly through appraisal completion rates (part of our monthly inclusion board metrics).	4,5,7
Career Advice and Talent Management	<ul style="list-style-type: none"> Provide access to 1-2-1 career coaching for BAME staff. Planned to deliver career conversation coaching to line managers to have richer conversations. Stretch opportunity framework to boost experiential learning and live job experience. Increasingly scale existing interventions, including the career mentoring & shadowing service, and monitor impact. 	<p>As part the Trust wide inclusive career progression framework, Barts Health has developed and is rolling out a consistent approach to succession planning, to provide equal opportunities for development and to create a talent pool that is representative of our workforce.</p> <p>The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 Cohorts.</p> <p>Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation.</p> <p>Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access to level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture.</p> <p>Barts Health will continue to scale these interventions and monitor impact.</p>	1,4,7,9

Progress Summary Continued:

Objective	Commitment in 2022 Action Plan	Progress/Next steps	Metric(s)
<p>Growing Ethnic Minority Workforce in 8a+</p>	<ul style="list-style-type: none"> • Double the number of active trained inclusion ambassadors to cover all 8+ panels and ensure protected time. • Ensure all members of GEB and HEBs conduct succession planning in their team to promote BAME staff through to senior positions. 	<p>As part of our inclusive recruitment processes all shortlists must be diverse including BAME and female candidates. In the event that a shortlist does not reflect the diversity of the organisation, the post will be readvertised to ensure we are attracting the best talent from across London.</p> <p>We currently have around 120 inclusion ambassadors who are active on interview panels to ensure any bias is challenged and removed from the decision-making process. As a result of these interventions, we remarkably increased the proportion of ethnic minority colleagues in senior roles from 32.5% in March 2020 to 38.5% in March 2023.</p> <p>We have also partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures. Our Future VSM Programme is an innovative and inspirational 7 -month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond.</p> <p>This opportunity has been launched as part of the Trust's wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce.</p> <p>We will systematically evaluate of the impact of the programme, including gathering feedback from participants, which we will use to drive our continuous improvement efforts and ensure that our inclusive career development opportunities are delivered in a way that is personalised, supportive and that fosters an organisational culture where staff feel empowered, supported, and nurtured.</p> <p>The data also indicates that more can be done as an organisation to ensure that our recruitment practices are as inclusive and equitable as possible. Potential options include:</p> <ul style="list-style-type: none"> • Implementing a values-based approach to the creation of job description and recruitment processes. • Roll out of inclusive recruitment training. • Advertising posts internally before external advertisement and strongly encouraging staff from under-represented staff groups to apply. 	<p>1,2,7 All Metrics</p>

6. Closing Statement

Barts Health has seen an improvement across six of the nine metrics within the WRES. BAME representation has been a success story, rising year on year across the entire workforce and at band 8a and above. Whilst we celebrate this achievement, the Trust also recognises that more could be done to expedite the rate of growth in our BAME workforce and the rate at which we are closing the gap between our BAME workforce and BAME senior workforce. The Trust will therefore focus on improving our recruitment processes, for example through:

- Introducing a values-based approach to recruitment
- Inclusive recruitment training
- Internal advertising of posts at band 8a and above
- Succession planning for senior posts.

Across several metrics, we have seen consecutive improvements over the last two years, following a period of remaining static or deteriorating. Whilst it is too early to tell, we are optimistic that these improvements represent a shift in direction, following an intensive 12 months of intervention. These metrics include relative likelihood of shortlisting, access to non-mandatory training and CPD, the percentage of staff believing in fair progression and BAME representation at Board level.

There has also been a marked improvement in the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff. This is the first noticeable improvement against this metric since initial reporting, indicating that the Trust's ongoing work to create a fair and just culture is starting to have an impact. The Trust will continue to embed this work across the organisation to sustain the improvements that have been achieved.

These improvements are key achievements, but we must ensure that we do not become complacent. There remains gaps between white and BAME colleagues' experience across several metrics. Notably, we must further embed CQ across the Trust, to eliminate discrimination, and bullying from other staff, which is disproportionately directed at BAME colleagues. Also, in response to the disparity between BAME and white staff in relation to believing that the Trust offers equal opportunities for career progression, we must robustly evaluate the impact of the inclusive career development opportunities available to staff, to understand whether these initiatives are translating into meaningful outcomes for BAME staff, in terms of their career progression.

Our inclusion workstreams have gone from strength to strength since launching WeBelong. Our focus is now about continuation and scale and ensuring the impact of inclusion projects penetrate hospitals and address variation in staff experience across our sites.

We now have a set of well-coordinated workstreams, which are already starting to shift the dial on inclusion, as evidenced by the improvements that we have achieved in our WRES results in 2022/23. Despite this, key challenges remain. We believe that the areas of focus within our inclusion strategy remain the right areas for 2023/24 and will spend another 12 months focusing on delivering impactful programmes, but critically, ensuring that the reach and impact of these programmes is increased and aligned to the high impact actions in the NHS Equality Diversity and Inclusion Improvement Plan³.

³ <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#:~:text=impact%20action%202-.High%20impact%20action%202,representation%20and%20lack%20of%20diversity.&text=Talent%20management%20strategies%20must%20recognise,career%20progression%20for%20all%20staff.>

Our key priority areas within 2023/23 are:

- Continued roll out of the CQ Programme
- Continued roll out of the Inclusive Career Development Framework
- Continuing to embed Fair and Just Culture approaches across the organisation.

We will also amplify the voices of our BAME staff from ward to Board, through our BAME staff Network and through the increased use of engagement activities such as Schwartz Rounds and Listening Circles.

In conclusion, we recognize the vital role that Executive Leadership plays in driving forward the diversity and inclusion agenda within our organisation. We will therefore continue to work with our Group Executive Board and Trust Board, to amplify their roles as visible and proactive allies and champions and facilitate opportunities for regular and meaningful conversations with our staff.

NHS Workforce Race Equality Standard

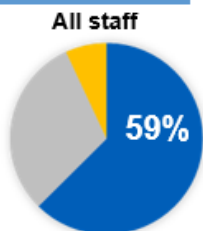
2023 Metrics | Barts Health Trust



The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

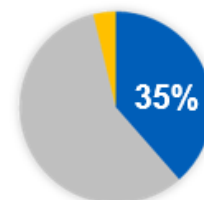
This overview provides a snapshot of data from March 2023. Some of these numbers have been rounded to the nearest %.

Indicator 1: Our Staff



Ethnically diverse people make up the majority of staff at Barts Health.

Staff at band 8a and above



Whilst this has improved at Barts Health each year, under representation remains a key challenge here and also for the wider NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to ethnically diverse staff:

1.48x

This means white staff are 1.48 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering a formal disciplinary process compared to white staff:

1.17x

This means ethnically diverse staff are 1.17 times more likely to enter formal disciplinary.

Indicator 4: Training

The relative likelihood of white staff accessing non-mandatory training compared to ethnically diverse staff:

0.9x

This means BME colleagues are more likely to access non-mandatory training than white colleagues.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from staff:



Indicator 7: Progression

Percentage staff believing the trust provides equal opportunities for career progression or promotion:



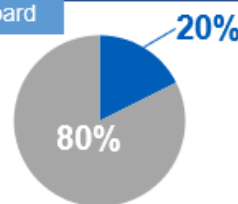
Indicator 8: Discrimination

Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues:



Indicator 9: The Board

Composition of the Trust Board:





NHS Workforce Disability Equality Standard

Barts Health Data Summary and Action Plan

2022 / 2023

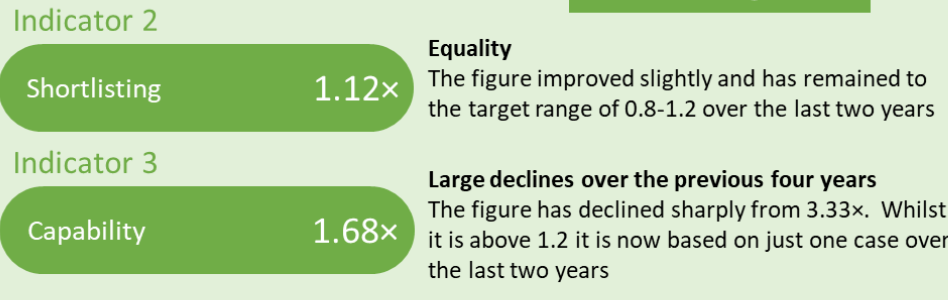
Summary Report using data from April 2022 - March 2023

1

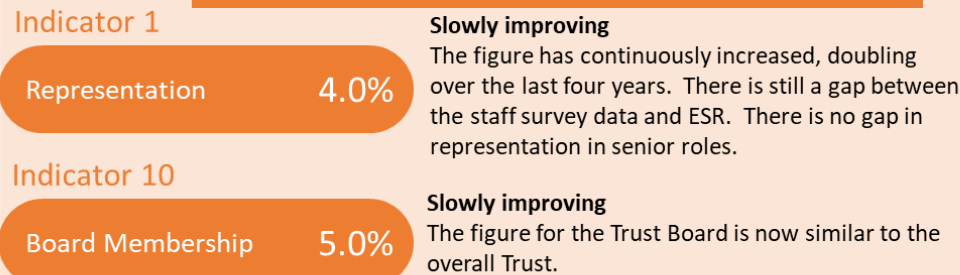
Figure 1, WDES 2023 Highlights

Barts Health WDES 2022-23 Highlights

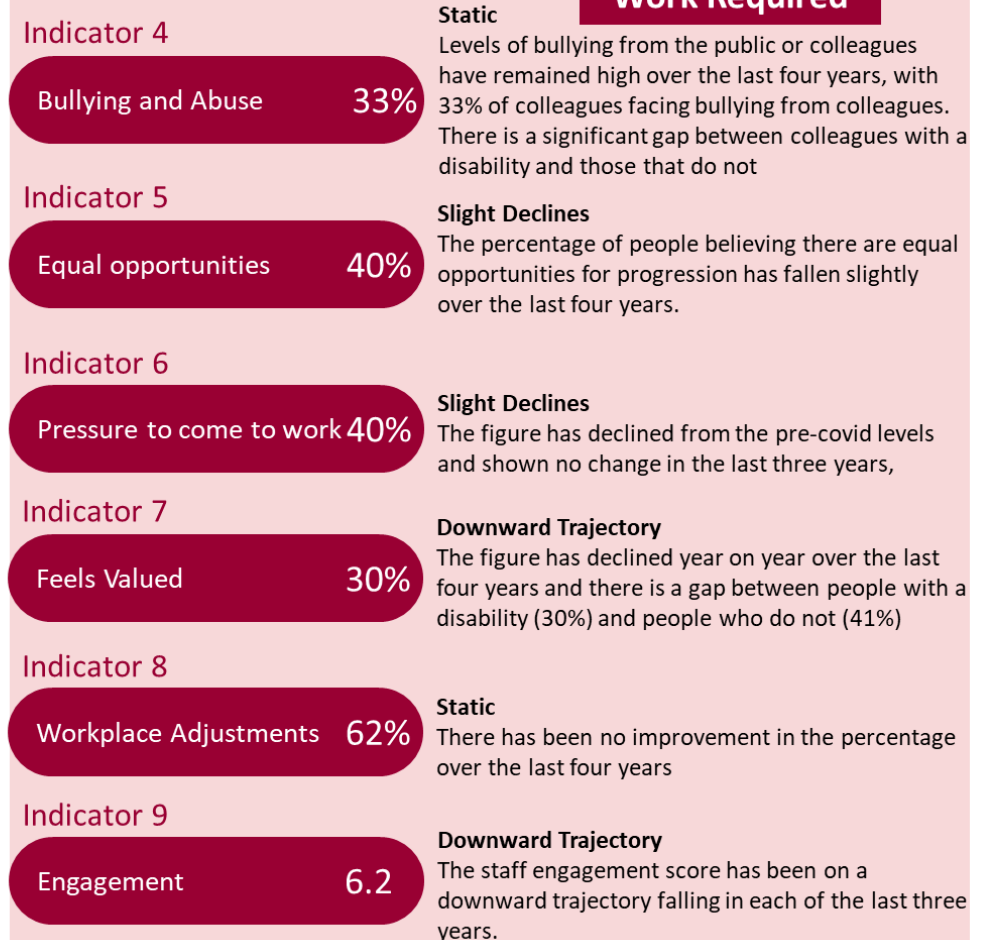
Performing Well



Making improvements but further work required



Work Required



1. What is WDES?

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. Further information and the full list of metrics can be found on the [NHS England WDES pages](#).

NHS organisations use the metrics to develop and publish an action plan. Comparisons each year enable NHS organisations to demonstrate progress towards disability equality and plan to create change. Creating workplace equality for all staff is a key commitment in the NHS People Plan and one of the overall Trust objectives at Barts Health, to be delivered through our WeBelong inclusion strategy.

Themes that have been identified across the NHS from analysis of all Trust's WDES data show that disabled NHS staff are more likely to:














- Go through performance management capability processes.
- More likely to experience harassment, bullying or abuse.
- Less likely to feel that they have equal opportunities for career progress or promotion.
- More likely to feel pressured to attend work.
- Less likely to feel valued for their contribution to the organisation.
- Less likely to feel engaged.
- Less likely to be appointed through shortlisting.

This report contains data for Barts Health NHS to understand the experience of our disabled staff, how we compare to the NHS as a whole and clearly articulate how we are taking steps to create a fairer workplace.

This data is based on the period April 2022 - March 2023 with, metrics 4-8 using results from the Autumn 2022 staff survey.

2. Being Accountable: The overall picture

In order to live our values of transparency and accountability, the table below summarises progress between last year, and the picture since first reporting. Compared to the previous year, 4 out of 13 metrics have improved. Metrics 1 and 3, regarding representation and the capability process have consistently improved since the introduction of the WDES. Of the metrics that deteriorated three of these have seen a fairly consistent year on year trend, feeling pressure to come into work, feeling valued and staff engagement. The remaining metrics show variation year on year.

Metric Area	Improved last year	4 year view	Where are we now?
Metric 1: Representation	 Yes	Consistent year on year increase	Increasing representation has been a success story. This may be attributed to increased confidence in declaring a disability, as well as introducing development opportunities and fairer recruitment. However, a large gap remains in the data held in ESR and data from the Staff Survey
Metric 2: Shortlisting	 Yes	Decreasing trend since 2018	We have seen shortlisting for disabled colleagues become fairer since first reporting. It is now almost equitable which is a significant achievement.
Metric 3: Capability	 Yes	General improvements over the period	This metric has become an increasingly unreliable measure of the capability process. The metric is now based on a just nine cases over the last two years which only includes one colleague with a disability
Metric 4a: Bullying or abuse from the public	 No	Increase last year after a period of reducing levels	This metric has increased year on year but remains below the levels from before the Covid pandemic
Metric 4b: Bullying or abuse from managers	 No	Fairly static over the period	This metric increased last year after a period of incremental improvements and has returned to a similar level from 2020 and 2021
Metric 4c: Bullying or abuse from colleagues	 No	Fairly static over the period	Very similar to metric 4b this metric increased last year after a period of incremental improvements and has returned to a similar level from 2020 and 2021
Metric 4d: Reporting harassment if experienced	 Yes	Improvement year on year after a decline the previous year	After improving year on year, this metric saw a sharp reduction in the 2022 report. The improvement seen in this report takes the percentage of people that report bullying and harassment to a level slightly above the first WDES report in 2020.
Metric 5: Perception of Career Progression	 No	Fairly static over the period	This has fluctuated year on year but there is no consistent trend of improvement or deterioration.
Metric 6: Feeling pressured to come to work	 No	Staff have felt more pressured consistently throughout the pandemic	Since 2020, every year since the pandemic a higher proportion of people with a disability have felt pressured to come into work. This measure has remained fairly static at around 39% over the last three years
Metric 7: Feeling valued	 No	Staff continue to feel less valued	Since 2019/20, all staff have felt their work is less valued year on year. The decline has been seen for all staff across Barts Health
Metric 8: Receiving Reasonable Adjustments	 No	No clear trend, fluctuated year on year	This measure has changed each year but there is no clear trend in any direction. The current levels are below the high point which was the period of the height of the pandemic
Metric 9: Staff Engagement	 No	Decreased this year, after being static since reporting	This measure has continued to decline slightly which is a trend seen for all staff across Barts Health though the score for colleagues with a disability is lower than the average.
Metric 10: Board Representation	 Yes	Improvement	Board representation has increased slightly and is now at a similar level to the Trust overall.

2. 2022/23 Narrative on WDES Metrics for Barts Health NHS Trust

Overview:

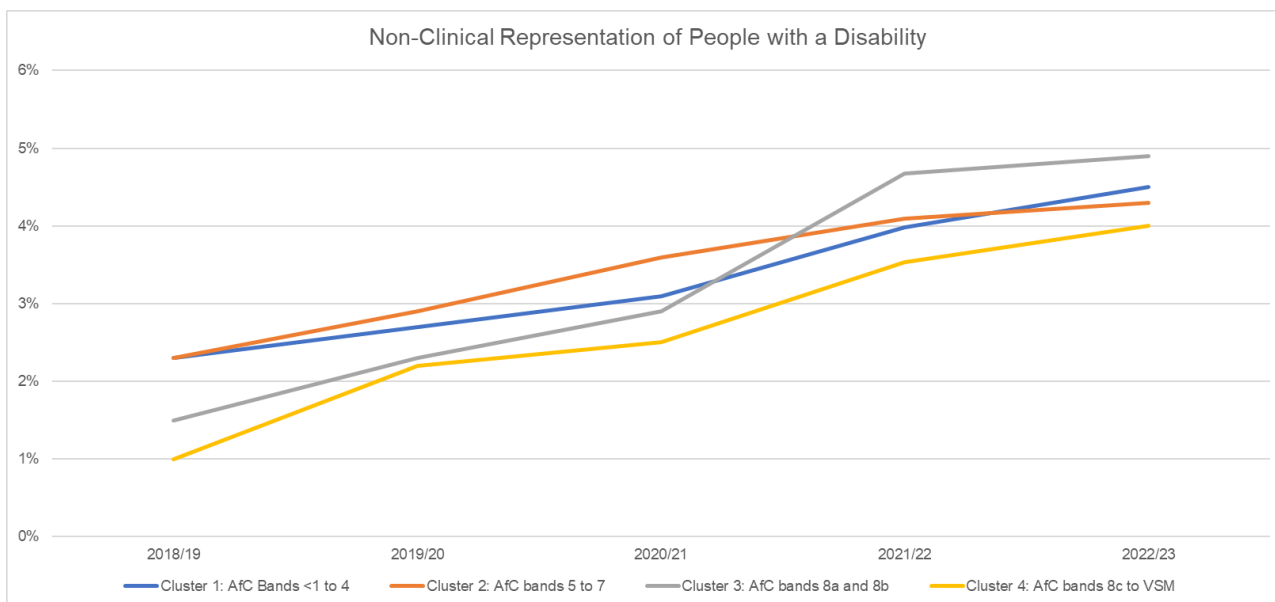
The metrics of the most recent WDES show a somewhat mixed picture. There is continued improvements in the representation of people with a disability across the organisation which is a continuing, although slow, trend. There is no evidence of underrepresentation of people with a disability in more senior roles, however, there remains a large gap between the number of people who record a disability in ESR of around 4% and the number of respondents to the staff survey who say they have a long-lasting health condition or illness which is around 18%.

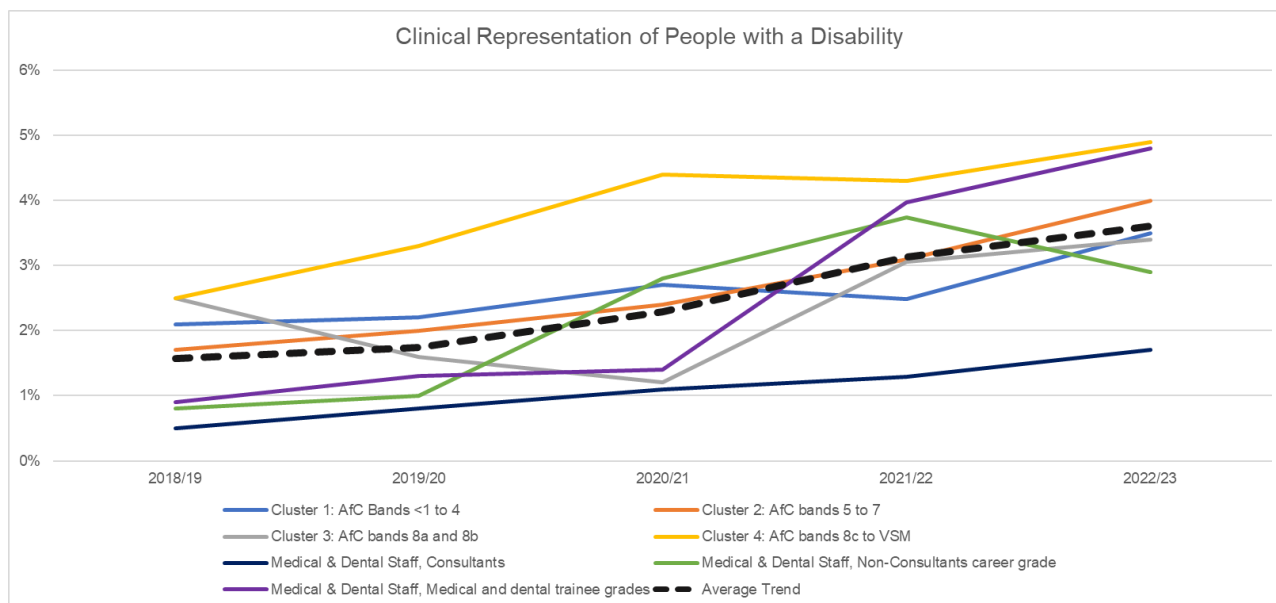
The metric regarding shortlisting has maintained the score from last year's results of 1.17. This is in the range of 0.8-1.2 which suggests there is no significant difference between people that have a disability and colleagues that do not have a disability. The score regarding capability has also improved to 1.68 but more importantly this is now based on very low numbers where just nine people entered a formal capability process in the last two years, only one of whom had a disability. It is clear there is no significant disparity for this score.

Conversely, metrics relating to experiencing bullying, feeling pressured to come to work, feeling valued and receiving reasonable adjustments have worsened since last year. The scores regarding experiencing bullying and harassment from managers or colleagues are noticeable because these have decreased for colleagues that do not have a disability. The metrics regarding feeling valued by the organisation or staff engagement show a fall for all colleagues and is mirrored in the results nationally across the NHS.

Board representation has increased slightly and the percentage of Board members that have a disability is now very similar to the overall organisation. However, a gap remains between disabled, and non-disabled staff in all metrics.

Metric 1: Representation:





Representation has consistently grown in almost all groups: clinical and non-clinical/ different grades. This is a key improvement and has been seen year on year.

- For non-clinical roles, all groups continued to increase and there is now a consistent level of between 4-5% of people that have a disability for all different grades. There is no evidence of a disparity between people with a disability in more senior grades which is positive.
- For non-clinical roles, there is a slightly lower level of representation with the average increasing to 3.4%. Most of the groups saw an increase with the exception of non-consultant career grades doctors which is a very small group.
- Consultants have the lowest representation compared to all other groups, while this has been increasing it is below 2%.
- Whilst representation is increasing, we know that around 17% of colleagues completing the staff survey noted a long-term health condition, compared to around 4% of people on ESR who have declared a disability. This indicates there are many people with a disability at Barts Health who are not recorded on ESR.

Metric 2: Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff.

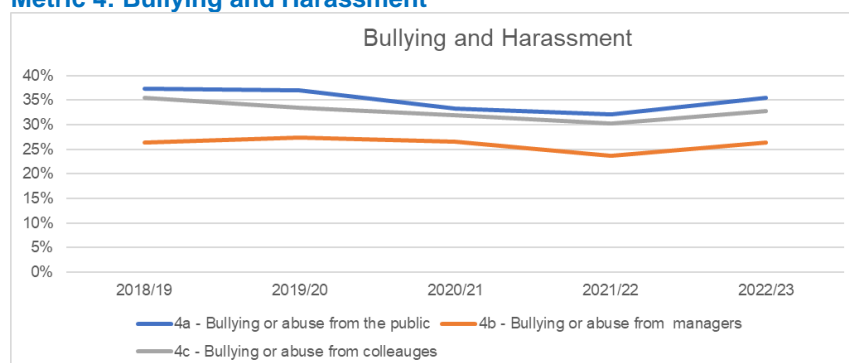
- Shortlisting has become fairer over time for colleagues with a disability, remaining with a likelihood ratio of 1.12, slightly improved from last year. This means that colleagues with a disability are almost as likely to be shortlisted as people without a disability and is within the range of 0.8-1.2 which is considered to show no significant difference.
- This represents a significant achievement, reducing the ratio down from 1.64 in 2018/2019 and remaining in the current range for the last two years.
- Barts Health has implemented a range of interventions to contribute to fairer recruitment, ranging from:

- Recruitment practices have been updated and reviewed.
- Offering adjustments in the recruitment process to people with a disability.
- Continued application of inclusion ambassadors at interview to provide unbiased decision makers.
- Working with the wider Integrated Care System (ICS) and our community to understand how to better increase access to opportunities, including our community outreach programmes Project Search and Healthcare Horizons.
- The launch of our cultural intelligence programme to acknowledge and address personal biases to create a fairer culture overall.

Metric 3: Relative likelihood of disabled staff entering formal capability processes compared to non-disabled staff

- Metric 3 has reduced over time falling from 3.33 in the 2020 metrics to 1.68 this year. Whilst this is outside the 0.8-1.2 range, this is a notable improvement and is also a reflection of the low number of formal capability processes launched in the Trust. In the last two years just nine formal capability processes were launched, of which only one included an individual with a disability.
- We can therefore gain limited insight from this metric, however we will ensure we continue to apply our fair and just culture principles in our employee relations processes.

Metric 4: Bullying and Harassment



A) Bullying or abuse from the public:

- The proportion of people with a disability experiencing abuse from the public has increased last year from 32.1% to 35.5%, following a period where the percentage had been consistently reducing. Bullying and harassment from the public remains the most likely source of abuse that colleagues with a disability face.
- The level of bullying and harassment experienced people who do not have a disability also increased this year but remains lower than for staff with a disability (35.5% vs 29.0%).
- There is a Trust-wide programme on violence and aggression aimed to address bullying and violence from patients, which included advice and speaking up helplines. This was accompanied by an antibullying patient facing campaign to seek to further reduce bullying.

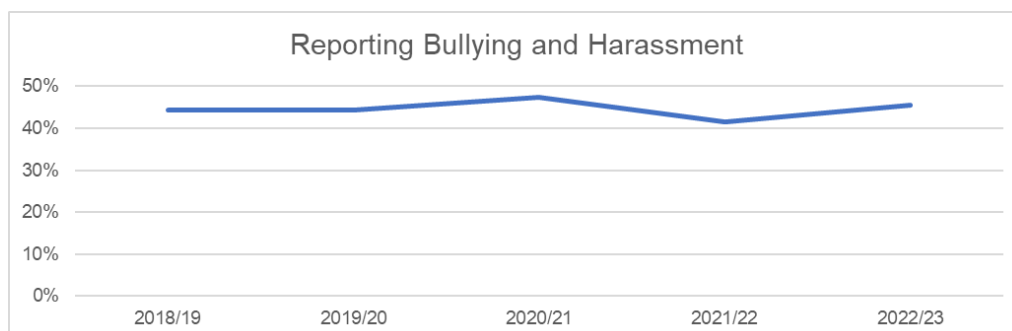
B) Bullying or abuse from managers

- The proportion of people with a disability experiencing bullying from managers has increased over the last year from 23.6% to 26.3%. This increase has reversed the positive trend which had been occurring and the level now is only slightly below the level in the 2020 staff survey.
- The increase is also different to the trend seen for colleagues without a disability where the level of bullying from managers continued to fall, it is now 13.7%. Overall, across the rest of the NHS the level of bullying and harassment experienced by people with a disability also fell to the lowest level since the WDES metrics started (nationally this is now 17.1%).

C) Bullying or abuse from other colleagues

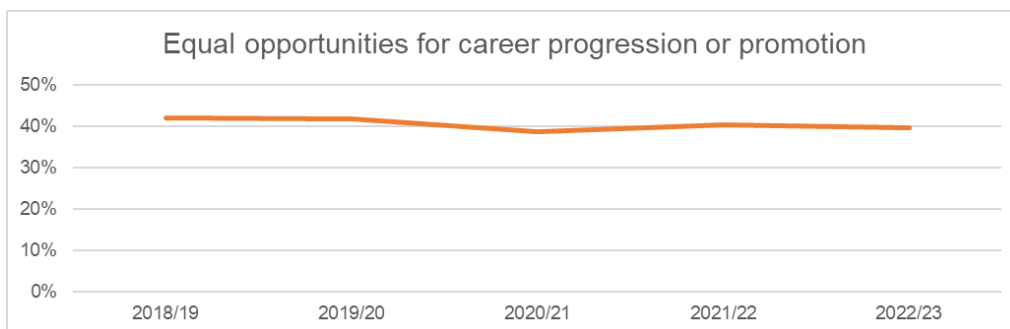
- As with the other bullying metrics, the proportion of colleagues with a disability experiencing bullying from other colleagues increased from 30.3% to 32.8%. Previously this metric has improved every year we have been recording WDES, therefore the level is below the percentage of 35.4% recorded in 2018/19.
- Also similar to the previous metrics, there is a gap between the proportion of people with/without a disability who experience bullying from other staff of 11.7 percentage points.
- The level of bullying and harassment for colleagues who do not have disability fell in the organisation to 21.1%.

D) Staff saying that the last time they experienced bullying they or a colleague reported it



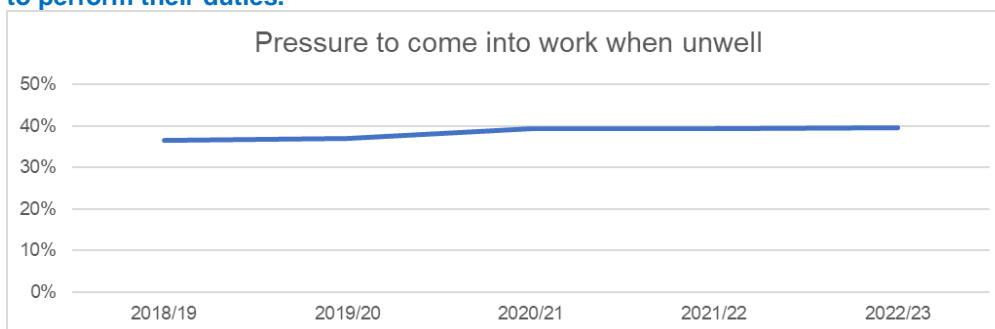
- This metric saw an improvement in this year's WDES following the decline last year.
- People with a disability continue to be less likely to report bullying and harassment compared to people without a disability (45.4% vs 47.2%), however this gap is much smaller than in previous years.
- It is particularly important that given the increasing levels of bullying and harassment, our people should feel comfortable to report it. To support this aim, we are:
 - Continuing to raise awareness of speaking up channels and constantly reviewing these channels to understand how we can increase access to speaking up.
 - Supporting our voluntary Inclusion Signposters who support colleagues locally.
 - Delivering training to HR colleagues on applying our Dignity at Work, and Just Culture policies
 - Triangulating our insight from employee relations, speak up and staff survey information to ensure we are addressing hot spot areas.

Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.



- The percentage of people with a disability that believe there are equal opportunities for progression has fallen this year to 39.7%. Since the start of the WDES metrics there has been a very slight downward trend in this metric.
- There also remains a significant gap between the perceived fairness of career progression for people with/without a disability (39.7% vs 49.1%).
- Barts Health has developed an inclusive career progression framework with a series of interventions to create sustained improvement in this metric, which includes:
 - Targeted development programmes for all colleagues up to VSM – this includes an update to the in-house career development programme to specifically focus on colleagues with a disability.
 - Career conversation guidance and support for line managers
 - A career mentorship and shadowing programme.

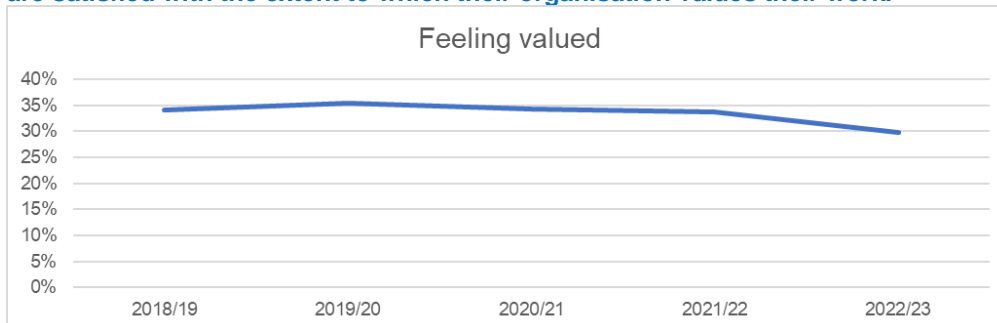
Metric 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



- There has been another small increase in the proportion of people with a disability who feel pressured to come into work compared to the previous year, from 39.3% to 39.5%. There has been a consistent, gradual, trend since the pandemic.
- For colleagues that do not have a disability the recent trend has been an improvement in this metric so the gap between colleagues with disability compared to colleagues that do not have a disability is now 13.2 percentage points (39.5% vs 26.3%).
- Our absence and leave policies have recently been reviewed and updated with considerable consultation from colleagues with a disability. These policies now contain specific sections on supporting colleagues with a disability and the way absence triggers are applied has been transformed to emphasise that the policy is aimed at improving the wellbeing of colleagues who are unwell. These policies also reinforce

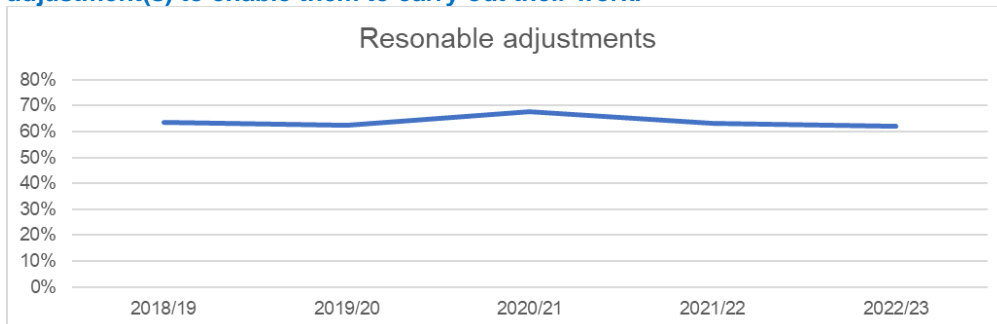
the importance of enabling colleagues with a disability to attend hospital or doctor appointments.

Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

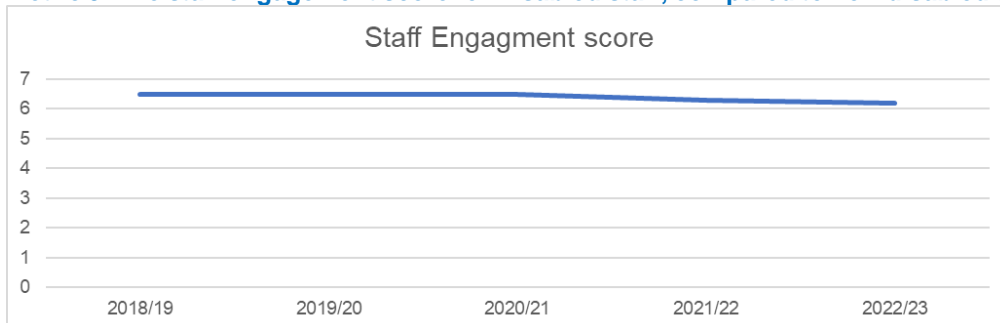


- The percentage of people with a disability feeling the organisation values their work has decreased from 33.8% to 29.8%. This is an acceleration of the trend stretching back several years.
- There has been a larger decline in the percentage of colleagues that do not have a disability reporting that they feel valued but there remains a significant gap (29.8% vs 40.7%).
- The trend nationally also shows declines in the percentage of people that feel valued.

Metric 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.



- The percentage of people that reported through the staff survey that they have received the adjustments they need to carry out their work declined very slightly from the previous year (62.3% vs 63.2%).
- The overall trend however is fairly static with slightly less than two-thirds of colleagues with a disability reporting they received the adjustments they need.

Metric 9: The staff engagement score for Disabled staff, compared to non-disabled staff

- The staff engagement score for colleagues with a disability fell slightly to 6.2 this year compared to 6.3 in the previous year, continuing a trend where this metric is very slowly deteriorating.
- A similar trend has been seen for colleagues without a disability and also for all colleagues across the NHS.

Metric 10: Disabled staff on Board (voting and non-voting)

- The percentage of people with a disability on our board has increased to 5%. This now roughly matches the percentage of the overall workforce that have recorded a disability through ESR.
- This is the first year since the WDES collection started where the figure has not been 0%.

3. Complete WDES Metrics 2018-22

For transparency our full WDES metrics are included in this section, previous years are included in this table to understand any changes over time. The last two columns include the latest WDES data from the NHS as a whole. This is to help understand if any changes over the last year are part of the national direction, or unique to Barts Health. Figures included in this table on the national average can be seen in full via the [2021 online national WDES report](#). Figures in **green** indicate they improved from the year before, figures in **red** are where they became worse.

Metric 1: Representation

WDES Metric 1	Barts Health				
	2018/19	2019/20	2020/21	2021/22	2022/23
1a) Nonclinical Representation					
Cluster 1: AfC Bands <1 to 4	2.3%	2.7%	3.1%	4.0%	4.5%
Cluster 2: AfC bands 5 to 7	2.3%	2.9%	3.6%	4.1%	4.3%
Cluster 3: AfC bands 8a and 8b	1.5%	2.3%	2.9%	4.7%	4.9%
Cluster 4: AfC bands 8c to VSM	1.0%	2.2%	2.5%	3.5%	4.0%
1b) Clinical Representation					
Cluster 1: AfC Bands <1 to 4	2.1%	2.2%	2.7%	2.5%	3.5%
Cluster 2: AfC bands 5 to 7	1.7%	2.0%	2.4%	3.1%	4.0%
Cluster 3: AfC bands 8a and 8b	2.5%	1.6%	1.2%	3.1%	3.4%
Cluster 4: AfC bands 8c to VSM	2.5%	3.3%	4.4%	4.3%	4.9%
Medical & Dental Staff, Consultants	0.5%	0.8%	1.1%	1.3%	1.7%
Medical & Dental Staff, Non-Consultants career grade	0.8%	1.0%	2.8%	3.7%	2.9%
Medical & Dental Staff, Medical and dental trainee grades	0.9%	1.3%	1.4%	4.0%	4.8%

Metrics 2-10: All other metrics

Metric	People with A disability at Barts Health (number in brackets = people without a disability)				2022/23
	2018/19	2019/20	2020/21	2021/22	
2. Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.64	1.25	1.3	1.17	1.12
3. Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	N/A	3.33	3.11	4.11	1.68
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	37.3% (33.3%)	37.0% (34.2%)	33.2% (29.8%)	32.1% (27.9%)	35.5% (29.0%)
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	26.3% (17.5%)	27.4% (16.7%)	26.6% (15.5%)	23.6% (14.2%)	26.3% (13.7%)
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	35.4% (24.3%)	33.4% (24.9%)	32.0% (23.2%)	30.3% (21.6%)	32.8% (21.1%)
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	44.3% (46.9%)	44.3% (49.4%)	47.5% (46.1%)	41.5% (47.1%)	45.4% (47.2%)
5. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	42.0% (50.5%)	41.8% (51.1%)	38.7% (48.5%)	40.4% (48.6%)	39.7% (49.1%)
6. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	36.5% (25.8%)	36.9% (27.0%)	39.2% (28.7%)	39.3% (28.5%)	39.5% (26.3%)
7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	34.2% (50.2%)	35.5% (49.5%)	34.3% (48.7%)	33.8% (41.8%)	29.8% (40.7%)
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	63.7%	62.3%	67.8%	63.2%	62.2%
9. The staff engagement score for Disabled staff, compared to non-disabled staff.	6.5 (7.1)	6.5 (7.1)	6.5 (7.0)	6.3 (6.9)	6.2 (6.8)
10. Disabled staff on Board (voting and non-voting)	0%	0%	0%	0%	5%

4. Looking Ahead: Our WDES action plan 2023/24

Our plan for 2023/24 is aimed to address the key areas highlighted in this year's WDES metrics and builds on the focus from our 2022/23 action plan. The measures above show several areas which we need to target. There are specific areas around workplace adjustments and career progression where the experience of colleagues who have a long-term health condition or disability is below that for colleagues that do not. In addition, taken as a whole the measures in this year's WDES show that overall colleagues with a long-term health condition or disability clearly do not feel as valued or engaged and experienced higher levels of abuse from colleagues and patients.

Therefore, in response, we have refined this plan into three key pillars, described below. The approach we have taken aims to balance specific improvements in some of the processes and opportunities across the organisation, with a keen desire to reinforce the recognition of the incredible contribution to excellent patient care that colleagues with a long-term health condition or disability make and our role in ensuring these colleagues can do so safely and effectively. This plan will be monitored throughout the year by the BartsAbility Network to provide assurance and visibility that we are making the difference we want to see.

Workplace Adjustments:

What is it?	<p>Workplace adjustments are often critical for colleagues with a long-term health condition or disability to be able excel and to be able to bring their whole selves to work. The adjustments may be changes in work patterns, using language that is better understood by others or may be specific equipment or resources that have been purchased from the dedicated adjustments fund.</p> <p>Despite work over the last year, we know too many people do not get these adjustments in place and have to battle unnecessarily to make sure they get them.</p>
Why is this important?	<ul style="list-style-type: none"> • We want all of our colleagues to feel valued and be able to do their work effectively with managers supporting colleagues to get the adjustments they need. • It is a major issue which is raised frequently in network meetings by many members. • Strong evidence from staff survey/WDES of a decline in people getting the adjustments they need. • There is misunderstanding from managers and other colleagues about the support available and how to access it
What do we want to see?	<ul style="list-style-type: none"> • People get the adjustments they need easily, quickly and fairly.
What will we do to achieve this?	<ul style="list-style-type: none"> • Massively improve the communications around workplace adjustments including specific pages on WeShare, guidance materials and specific examples of adjustments available, training for managers and colleagues such as HR.

	<ul style="list-style-type: none"> • Continue to work with Employee Wellbeing Service to ensure that the process for accessing adjustments is as effective as possible and there are opportunities to escalate issues and resolve these quickly. • Work with departments such as ICT and procurement to address some of bottlenecks which cause delays in the processes. • Use our governance to maximise the benefits of the dedicated adjustments fund, ensuring it is used effectively and equitably across the whole organisation.
--	---

Career Progression :

What is it?	<p>Career development is a key driver for job satisfaction and opportunities to further people's careers is one of the main reasons why people leave their jobs. Career development is personal, for some people this will mean becoming more senior and taking on additional responsibilities. For other people it could be broadening their role or developing additional skills.</p> <p>Opportunities for progression should be available and equitable for all people.</p>
Why is this important?	<ul style="list-style-type: none"> • The WDES metric on belief that the organisation acts fairly in regard to progression shows that colleagues with a long-term health condition or disability do not have the same level of confidence as colleagues that do not. • Lack of opportunities is cited by many colleagues as being directly relate to their disability or health condition. • Colleagues with a long-term health condition or disability provide an incalculable contribution to the care of patients at Barts Health. We need to maximise this contribution and ensure that everyone, in particular colleagues with a disability, are given the opportunity to excel in their career at Barts Health. • There is no evidence of under-representation of people in more senior roles based on the WDES measures, but there are some indications from the people that get promotions at Barts that there might be fewer opportunities for colleagues with a long-term health condition or disability
What do we want to see?	<ul style="list-style-type: none"> • Everyone should be able to access the opportunities to develop their career based on their individual aspirations and this should not be affected by a disability or health condition.
What will we do to achieve this?	<ul style="list-style-type: none"> • Promote our locally developed Career Development Programme and succession planning framework and ensure that colleagues with a long-term health condition or disability can access this. • Ensure that colleagues with a long-term health condition have access to opportunities for mentoring, shadowing and stretch assignments. • Monitor and report on the representation of colleagues with a disability that are successful in accessing promotions within Barts Health. • Ensure equitable access for colleagues with a long-term health condition on all career opportunities including mentoring and Thresholds programme.

Safe to Share:

What is it?	<p>A key aim across Barts Health is to foster a Fair and Just culture, where all colleagues are treated fairly and with respect. This means not just that people with a long-term health condition should not experience unacceptable behaviour, such as discrimination, but also people should feel valued for the contribution they make and the abilities they have.</p> <p>Sharing that you have a health condition or disability should not change the way that people view your contribution to excellent patient care, nor should it be used by people to unfairly victimise them. This point needs to be continually reinforced by highlighting the role of the large number of people with a long-term health condition have across the whole of Barts Health and celebrating the diversity and range of talents we all have here.</p>
Why is this important?	<ul style="list-style-type: none"> • The role of people with a long-term health condition is not acknowledged enough given the scale of the contribution they make. • Levels of bullying and abuse targeted at colleagues with a long-term health condition have not declined over the last few years despite reductions for some communities. • There continues to be a gap between the numbers of people recorded in ESR with a disability and the number that indicate they have a long-term health condition in the staff survey. • Too few people are able to see the benefits of the support available such as absence policies or adjustments fund.
What do we want to see?	<ul style="list-style-type: none"> • People should feel safe to share they have a health condition or disability without fear of retribution or discrimination. • Where issues arise people should be able to speak up and receive a supportive response from colleagues and managers. • We should see more positive examples of the contribution made to the goals of Barts Health by people who have a long-term health condition or disability. • A larger number of people will update ESR to capture their disability.
What will we do to achieve this?	<ul style="list-style-type: none"> • We will hold Safe to Share listening circles to allow people the opportunity to share their stories and hear from the experiences of people with a long-term health condition. • Expand the Project Search programme to support even more local people with a learning disability to find full time employment. • Produce a monthly WDES bulletin to share across the organisation to celebrate the contribution of people with a long-term health condition. • Celebrate the 10-Year anniversary of the BartsAbility Network.

5. Closing Statement:

The overarching message of the 2022-23 WDES measures is that we need to do more to ensure we are supporting our colleagues that have a long-term health condition or disability. In some cases, this is a focused in a specific area, such as workplace adjustments. Taken together the lack of improvement and in some cases deterioration in many of the scores indicating presents us with a different challenge.

It is not the case that there is any single policy or process that we need to update or amend. The holistic experience of colleagues with a long-term health condition or disability needs to be addressed.

This plan also seeks to address the continued issues with adjustments and the lack of improvement in the progression measures which we must do to answer the clear messages from our colleagues with a disability. In addition, we must focus on showing gratitude to colleagues that provide the excellent care for our patients we strive for. We must listen to our people when things do not go well, learn from this and actively seek to make improvements for our people.

This document provides just a snapshot of our work towards inclusion. To find out more about how we are supporting our staff with a disability, or to learn about our overarching inclusion strategy, please contact diversityinclusion.bartshealth@nhs.net

NHS Workforce Disability Equality Standard

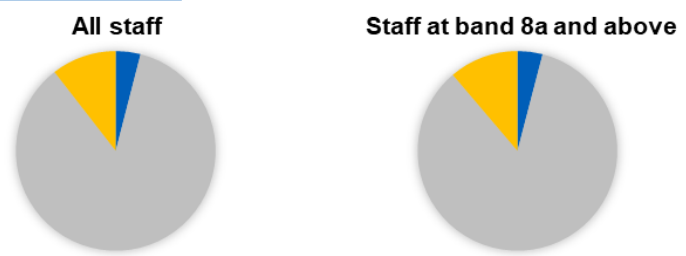
2023 Metrics | Barts Health Trust



The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

This overview provides a snapshot of data from March 2023. Some of these numbers have been rounded to the nearest %.

1: Our Staff



Key:

- = Staff with a disability or long term health condition
- = Staff without a disability or long term health condition

See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared** to non-disabled staff

1.12x

This means non-disabled staff are 1.17 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering a **formal capability** process compared to non-disabled staff:

1.68x

Disabled staff are 1.68 times more likely to enter formal capability. Numbers are very so small this is not statistically significant.

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or **abuse from members of the public:**



4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or **abuse from managers:**



4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or **abuse from other staff:**



4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse **they or a colleague reported it:**



5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion:**



6: Pressure to come into work

Percentage of staff facing pressure **to come into work:**



7: Feeling valued

Percentage of who feel their work is valued, **by the organisation.**



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work



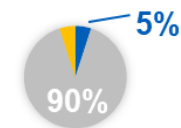
9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 **6.9**

10: Trust Board

Percentage disabled staff on the Trust Board



Appendix 2: Progress Against Last Year's Actions:

Objective	2022-23 Ambition	Progress	Linked WDES Metric(s)
Workplace adjustments	<ul style="list-style-type: none"> Work with EWS to clarify the reasonable adjustment process and remove delays in using the funding. Improve visibility and access to Text to help and other software. Update the sickness and leave policies to make it clear to colleagues and managers about the need to support time off for appointments 	<ul style="list-style-type: none"> There is a documented process through EWS for colleagues to access adjustments. A monthly focus group including EWS, BartsAbility and the Inclusion Centre alongside ICT and other colleagues has been established. This has identified systematic issues around procurement and ICT that are being addressed to speed up the processes. An escalation route has been established to support colleagues facing delays to get the adjustments they need sooner. The sickness and leave policies have both been completely revised and both include specific sections regarding the ways managers can support colleagues with a long-term health condition or disability 	6,7,8,9
NeuroDifference	<ul style="list-style-type: none"> Our Dyslexia Champions and network is revitalised and to maximise the support they are able to offer colleagues. The recruitment process is improved for neurodivergent colleagues. The Neurodifference Task & Finish group will take the lead to identify and deliver improvements for neurodivergent colleagues 	<ul style="list-style-type: none"> The dyslexia forum has been re-established, meeting monthly for colleagues with dyslexia to meet to share experiences, learn from one another and highlight ongoing issues we need to address. Guidance from recruitment has been reinforced to managers to explore opportunities for adjustments in the recruitment process – examples include providing interview questions in advance. 	1,4,5,7,8,9
Speaking Up	<ul style="list-style-type: none"> Work to deliver a fair and just culture. Improve awareness and access to signposting channels. Reflect back issues to increase confidence they are being address. Targeted interventions (CQ etc.) in hot spot areas Event in speak up month joint with BHRUT with our Speak Up Guardian and Inclusion Signposters 	<ul style="list-style-type: none"> We have seen improvements across a range of employee relations processes including a reduction in capability processes launched and increase in the proportion of cases resolved informally and reductions in the number of disciplinary cases that result in no case to answer. The numbers of colleagues accessing speak up channels such as the Freedom the Speak Up Guardian and CIC have increased by 97% and 53% respectively. The FTSU Guardian is a regular attendee at BartsAbility network meetings and describes the types of cases and actions taken as a result. CQ rollout has been extensive across the organisation, to date over 1,300 colleagues have attended the one-day masterclass including the majority of our senior leaders. 	4,6,7,9

		<ul style="list-style-type: none"> We held a joint speak up event in October 2022 to continue to promote the channels to raise concerns. There was a clear indication through score 4d that more people have raised concerns this year. 	
<p>Visibility</p>	<ul style="list-style-type: none"> Refresh our Closing the Gap and Embracing the Difference campaigns to significantly increase the number of people that declare they have a disability or long-term health condition. Put in place a calendar of events for International Day and events. Improve visibility of Role models Stories from people who have used the BartsAbility Passport and workplace adjustments 	<ul style="list-style-type: none"> The Closing the Gap campaign continued last year including sessions in network meetings and other events to explore the benefits of updating ESR and demonstrations of how to do this through self-service. A hybrid event was staged to celebrate International Day for Persons with a Disability. This included a range of speakers including senior allies and colleagues with a disability who have moved into senior roles. All BartsAbility Network meetings and other events such as the IDPWD, Dyslexia Forum and others provide space for personal stories for colleagues with a lived experience. 	<p>1,2,4,7,9</p>

Report to the Trust Board: 13 September 2023	TB 55/23c
---	------------------

Title	Gender Pay Gap and Ethnicity Pay Gap Report 2023
Sponsoring Director	Group Director of People, Group Director of Equity and Inclusion
Author(s)	Group Deputy Director of People (Del Mehet)
Purpose	To provide the statutory Gender Pay Gap reports for approval/attention and in addition provide an update on the ethnicity pay gap.
Previously considered by	Inclusion and Equity Board

Executive summary

It is a statutory requirement for all large employers (>250 employees) across the UK to produce an annual Gender Pay Gap (GPG) report. This is the seventh year that Barts Health have produced this report. In addition to publishing this report on the Trust website the gender pay gap statistics will be uploaded to the government’s reporting portal and will be available publicly. In addition, this report contains ethnicity pay gaps data which is not a statutory requirement.

The report this year shows positive progress against our original GPG targets:

- ✓ Reach a median GPG of 11% within three years – achieved two years ahead of target
- ✓ Achieve a target of 11% GPG - target was reached without the SERCO in-housing
- ✓ Reach 5th best GPG across London – on track, Barts Health has improved to 6th this year.

The median pay gap between women and men has fallen to 8.3% in 2023 compared to 11.7% in 2022. This means for every £1 earned by men women earn £0.92. This improvement continues a trend which has been showing general improvement since reporting commenced in 2017 when the median figure was 13.3%. The improvement seen this year has been influenced by the insourcing of soft facilities management colleagues previously employed by SERCO. This is a large group of staff which is relatively low paid and has a relatively high proportion of male colleagues hence the impact on the figures. Excluding the newly transferred SERCO colleagues from the figures shows that the GPG would have stood at 11.0%.

Ongoing improvements to the GPG have been supported though the establishment of a Task and Finish Group which has developed an action plan for improvements and set a Trust-wide target of 11.0% for the gender pay gap to be achieved by 2025. As this target has already been achieved the group will consider a revised target to further support improvements in the figure.

The improvements we have seen in the GPG figures can be directly attributed to the improvements in representation of women in senior, more highly paid roles. Over the last year there has been an increase the proportion of women in VSM roles from 40% to 44% and the proportion of women in band 8c & 8d roles has also increased. There has not been similar improvement in representation of women in band 9 roles.

In addition to continuing to focus on closing the median GPG there is more to do in regards of the bonus GPG which is also reported annually. At Barts Health this mostly relates to Clinical Excellence Awards, CEAs, for consultant doctors. The median bonus pay gap has remained at 0%.

For the third year in a row the Trust have also included an ethnicity pay gap calculation as part of this report. This is not a statutory requirement, but this is an important theme which supports the goals of WeBelong to become a truly inclusive organisation. This year's figure is 18.2%, for each £1 earned by a White colleague a colleague from a Black, Asian or minority ethnic background earned £0.82, this figure remained the same as last year after reducing from 2021. The mean ethnicity pay gap is very similar 18.3%. Reviewing the data for each of the 20 most represented groups employed at Barts Health shows that colleagues from a Bangladeshi background continue to earn the lowest median pay, £16.13 per hour. Colleagues with White Irish, Chinese and White British all earn more than £26 per hour.

Considering the ethnicity pay gap alongside the gender pay gap is important as it highlight intersectional issues which need to be addressed to close these gaps. Our actions to address these are captured in the WeBelong actions for 2023/24 which includes:

- Supporting career progression for our people with a specific focus on closing the gaps at the most senior levels (8c+ to VSM)
- Improvements in People processes to ensure equity in the recruitment and selection process.
- Inclusive access to learning and development and improvements to create a more inclusive culture at the trust.
- Strategic partnerships to address specific issues working with our Staff Diversity Networks and partners such as Inclusive Employers.

Related Trust objectives	
Becoming an outstanding, inclusive place to work.	

Risk and Assurance	This report provides assurance in relation to BAF entries 1-4
Related Assurance Framework entries	1. A lack of evidenced delivery on the operational plan's inclusion commitments impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level.

	<p>2. Insufficient leadership capacity and capability to effectively prioritise wellbeing plans impairs engagement, morale, ability to lead and recruitment and retention of staff at Trust and system level.</p> <p>4. Substantive workforce capacity and capability shortfalls at Trust and NEL level results in reduced consistency of care standards, morale and ability to retain flexibility for seasonal or other surges in demand for services</p>
--	--

Legal implications/ regulatory requirements	A copy of this report will be published on the Trust website and the GPG data will be uploaded to the national reporting portal.
--	--

<p>Action required: The Trust Board is asked to approve the report</p>
--

Gender Pay Gap Report

2022 / 2023



Summary Report using March 2023 data Including our ethnicity pay gap snapshot

Executive Summary:

1. Purpose

The purpose of this report is to present our Gender Pay Gap (GPG) position for 2023. This report covers a snapshot of gender pay gap data from March 2023, covering our Gender Pay Gap (GPG) submission for the 2022/2023 period (unless otherwise stated) and is legally required to be published no later than the statutory date of 30 March 2024¹.

2. What is the Gender Pay Gap

The Gender Pay Gap (GPG) shows the disparity of *average* pay across any given women across a workforce. If women do more of the less well-paid jobs within an organisation than men, the gender pay gap is usually bigger. As a measure, it captures any pay inequalities resulting from differences in the sorts of jobs performed by men and women and the gender composition of the organisation by seniority. It does not mean that two people doing the same job, get different pay.

This is the seventh year of Barts Health publishing its Gender Pay Gap data. As in previous years, our ethnicity pay is also reported here. Although the ethnicity pay gap is not a statutory requirement, it identifies notable discrepancies between the different ethnic groups within our workforce.

3. Context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. With a diverse workforce of over 18,000 staff and thousands more volunteers, students, and contractors, both the gender and ethnicity pay gap information provide a valuable insight into the challenges of inclusion and diversity across our entire workforce.

Like most Trusts in the country, Barts Health has a workforce that is predominantly female. Our current workforce diversity information shows that female workers make up approximately 69.8% of our workforce and approximately 30.2% are male. According to data from the period this GPG report covers, 31% of our staff are White, 26% are Asian, 21% are Black, 3% are from a mixed heritage background and 10% were from 'other' ethnic backgrounds.

One of our key aspirations as part of our WeBelong inclusion strategy is to ensure fair and equal progression for all staff. Reducing our GPG is a key driver of this ambition. We are providing this report to provide full transparency on where we are up to and where we need to improve and to comply with our statutory obligations.

Whilst being an intersectional issue, the GPG is a key priority area for the Barts Health Women's Network. The network initiated a GPG Task & Finish Group in summer 2021, which resulted in providing the Trust with a deeper understanding of the drivers of the GPG and a plan of action to support reaching the Trust target. Many of the inequality gaps highlighted in this report are not unique to Barts Health; they are widespread across the NHS and society. By continuing to publish the extent of our own inequalities, we hope to give further recognition to this agenda and be open with our own challenges as a step in addressing them.

¹ The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

4. Key Trends – Gender Pay Gap & Ethnicity Pay Gap (March 2022 – March 2023)

Performing Well

Median Hourly Pay Gap

- The median hourly pay gap has reduced from 11.7% in March 2022 to 8.3% in March 2023 (a 3.4 percentage point improvement from the previous year).
- Without the TUPE transfer, we would be reporting a medium of 11% (a 0.7 percentage point improvement from the previous year).

Median Gender Bonus Pay Gap

- The median gender bonus pay gap has remained at 0% since 2021.

VSM Representation

- The proportion of females in VSM positions has increased to 44% from 40% in the previous year, which is most likely driving improvement in the mean pay gap.

Band 8c/d Representation

- The proportion of females in band 8c /d positions has increased for a consecutive year, potentially providing further opportunities for a female talent pipeline into VSM positions.

Work Required

Mean Gender Bonus Pay Gap

- The mean bonus gap remains and has fluctuated between 30-36% since reporting, increasing from 29.6% to 32.6% in the last year.

Percentage of Women in the Lower Middle Pay Quartile

- Women are disproportionately represented in the lower middle quartiles of pay (75.8%) compared to the trust gender profile (69.8%).

Female Representation in Nursing & Midwifery Roles

- Nursing and Midwifery staff group remains female dominated (86% female). This profession predominantly has a low-mid banding structure that may provide structural barriers to progression.

Female Representation in Consultant v Junior Doctor Roles

- The consultant workforce continues to be 42% female and 58% male; however, the number of female junior doctors exceeds the number of males. The consultant workforce has not changed since the 2021 snapshot, meaning these junior doctors are not yet entering more senior positions.

Making improvements but further work required

Mean Hourly Pay Gap

- The mean hourly gap has reduced from 19.2% in March 2022 to 17.5% in March 2023 (a 1.7 percentage point improvement from the previous year).
- Without the TUPE transfer, we would be reporting a mean of 19.5% (a 0.3 percentage point increase from the previous year).

Percentage of Women in the Upper Pay Quartile

- The proportion of women in the upper pay quartile has increased by 0.8 percentage points from 55.6% to 56.4% in March 2023. However, a 13.4% gap exists between the trust gender profile (69.8% female) and the proportion of women in the highest pay quartile (56.4%)

Benchmarking to other Trusts (2022 data – latest available)

- Regarding the overall mean gap, Barts Health sits below the middle at 7th out of 10 other large London acute trusts (Or 6th when considering median pay gap).

Key Gender Pay Gap Trends

- Our GPG data covering the last 6 years is showing some signs that the gap is reducing. It is hoped that by putting multiple interventions in place, the trends highlighted in this report are indicative of a sustainable longer-term change.
- We had previously set a median GPG target of 11% by 2025. Currently our medium pay gap is 8.3%. There has been a reduction in both the median and mean hourly pay gap since the previous year. The median bonus pay gap continues to remain at 0% since 2021, which represents a significant reduction since initial reporting in 2017, when the median bonus pay gap was 33.2%.

Work Required**Median Ethnicity Pay Gap**

- There is median ethnicity pay gap of 18.2%, which has shown no improvements since March 2021.

Mean Ethnicity Pay Gap

- There is a mean ethnicity pay gap of 18.3%, which has shown no improvement since the previous year.

BAME Representation in the Upper Pay Quartile

- There has been a 3 percentage point reduction in the % of staff from a Black, Asian, or mixed heritage background in the upper pay quartile between March 2022 (44%) and March 2023 (41%).

BAME Representation in the Lower / Lower Middle Pay Quartiles

- Compared to the Trust's overall ethnicity profile, black staff are overrepresented in the lower middle pay quartile and Asian staff are overrepresented in the lower pay quartile.

Key Ethnicity Pay Gap Trends

- Our ethnicity pay gap data reinforces the impact of known inequalities in representation at senior levels.
- Our initial snapshot from March 2021 shows that for every £1 that the median white colleague earned, the median Black, Asian, and Minority Ethnic (BAME) colleagues earned £0.82. This has not changed significantly since 2021. This gap echoes findings in Workforce Race Equality Standard (WRES) reporting which consistently shows that BAME colleagues are underrepresented in upper pay quartiles.
- There is high variation associated with different ethnicities. For example, Bangladeshi colleagues continue to have the lowest median pay, whilst White Irish colleagues have the highest. This represents a change from the previous year when Chinese colleagues had the highest medium pay. The difference between the lowest, and highest median pay is significant. This demonstrates the need to increasingly breakdown ethnicity pay gap data to better understand where inequalities exist so that they can be appropriately addressed.

Barts Health 2021 Gender Pay Gap Report

1. How is the Gender Pay Gap Changing in Barts Health?

Overall, the median gender pay gap has shown improvement from when we first started reporting. Since first reporting in 2017, the median hourly pay gap of 13.3% between male and female colleagues has reduced to 8.3%. This means that for every £1 that the median man earned, the median woman earned £0.92. This is a significant improvement of 3.4 percentage points from the previous year (11.7%). The median pay gap is calculated by separately listing men and women across the entire workforce in increasing salary order and counting up to the “middle” person in each of the lists. This avoids skewing the figure with the highest and lowest salaries. A median hourly difference of 8.3% in pay results in the “middle” women getting paid £0.92 for every £1.00 per hour the “middle” man receives.

The mean pay gap fluctuated year on year between 2017 and 2021, however has since shown a downward trajectory for two consecutive years between March 2021 and March 2023, with a notable reduction of 1.7 percentage points in last year. In March 2023, the mean pay gap was 17.5%, which means that for every £1 the average man earned, the average woman earned £0.83. The mean is calculated by adding up all the salaries or bonuses for men or women and dividing it by the total number of people in each group.

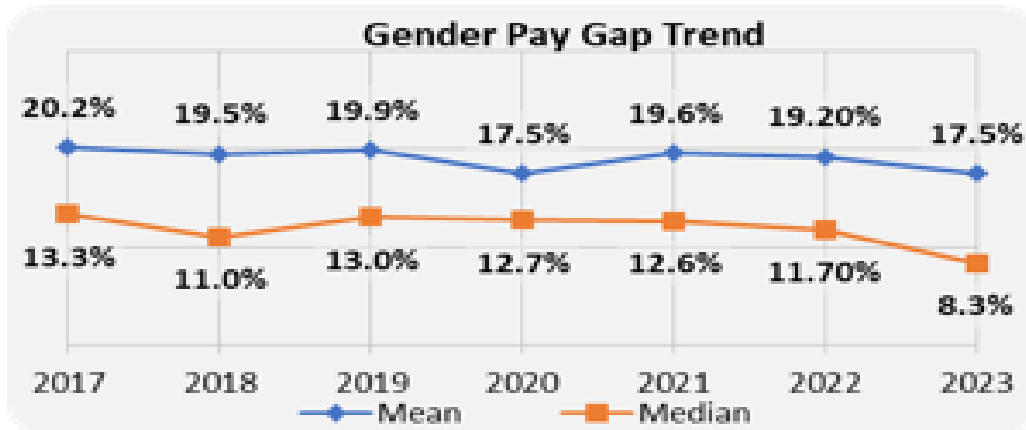


Fig.1

The TUPE transfer of our SERCO workforce to Barts Health between the 1st November 2022 to the 1st February 2023 has most likely had an impact on our improved gender pay gap position. Without the TUPE transfer, we would be reporting a medium of 11% (a 0.7 percentage point improvement from the previous year). This would mean that for every £1 that the median man earned, the median women earned £0.89. However, without the SERCO transfer, we would be reporting a mean pay gap of 19.5%, which would represent a slight increase of 0.3 percentage points from the previous year (19.2%).

A total of 1,803 staff have transferred from SERCO during the period 1st November 2022 to the 1st May 2023. However only approximately 24% of these staff (427 staff) transferred during 2023 GPG reporting period and would have had an impact on our GPG results for this year.

The median helps give a picture of the middle and is less impacted by outliers (i.e., people in roles that are banded much higher, or lower). An improvement could indicate that the distribution of roles/pay across some parts of the organisations is becoming fairer. The mean is more impacted by higher salaries. No improvement in the mean could indicate that men continue to disproportionately hold the most senior positions/bonuses in the organisation.

2. Gender Bonus Pay Gap Data: March 2019 - 2023

The Gender Pay Gap data requirement also looks at the difference between bonus payments received by men and women. For Barts Health, the main payment that would currently fit the description of bonus, per gender pay gap reporting, is the clinical excellence award (CEA) which are given to senior doctors (Consultants). Here we see a difference that is in part a reflection of the historically male dominated workforce, however, there remains a challenge to ensure equitable access to the process in order to reduce this gap.

The median bonus gap was on a downward trend since 2018. Since 2021, it has remained at 0% reflecting the approach to provide all consultants with a CEA payment to acknowledge their contribution towards the COVID-19 pandemic, as well as the opening of CEA to part time workers. In March 2023 the CEA award was split across the permanent consultant workforce, based on length of service (1yr+), in recognition of the COVID pandemic and as a result the median remained at zero.

The mean bonus gap remains and has fluctuated between 30-36% since reporting, increasing from 29.6% to 32.6% in the last year.

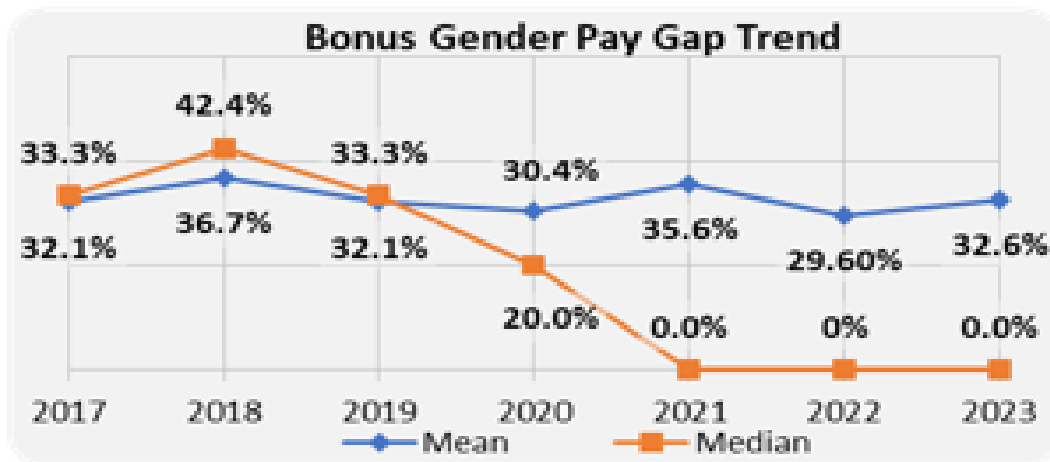


Fig. 2

The mean bonus pay gap remains, in part due to the historically male dominated workforce and as a result disproportionately more men have a longer term of service. 78% of female consultants received a CEA payment compared to 77% of male consultants in 2021/22.

The Gender Pay Gap Task & Finish Group have identified a number of actions to close this gap, including peer support in applying to CEA, and ensuring consistent awards for full and part time work.

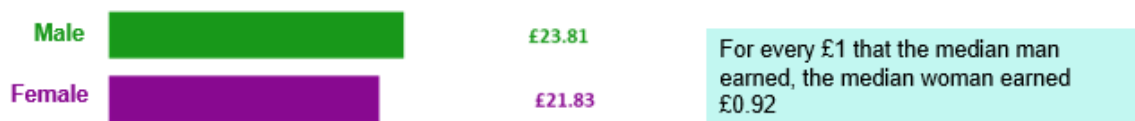
	2023	2022	2021	2020	2019
Employees Paid a Bonus					
Female	416	391	418	131	115
Male	547	549	518	243	214
Total	963	940	936	374	329
Eligible Employees					
Female	16,415	16,369	15,846	17,794	16,623
Male	7,175	6,813	6,502	7,133	6,579
Total	23,590	23,182	22,348	24,927	23,202
% Staff Receiving Payments					
Female	2.5%	2.40%	2.60%	0.74%	0.69%
Male	7.6%	8.10%	8.00%	3.41%	3.25%
Total	4.1%	4.10%	4.20%	1.50%	1.42%

Table 1.

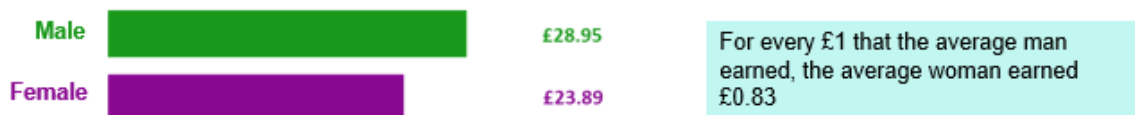
Note: These figures have been calculated using a snapshot from March 2021 applying the GPG recommended methodology therefore may not reflect the exact number of staff that currently work at Barts Health. The methodology includes all eligible staff as well as the core 16,000+ workforce Barts Health employ.

3. Gender Pay Gap Breakdown (March 2023)

8.3% Median Gender Pay Gap (hourly rate)



17.5% Mean Gender Pay Gap (hourly rate)



Proportion of Males and Females in each pay quartile



Men are disproportionately represented in our workforce at the higher levels of pay. In the top pay decile 44% of the workforce is male

00.0% Median Bonus Gender Pay Gap



For every £1 that the median bonus earning man earned, the median woman earned £1

32.6% Mean Bonus Gender Pay Gap



For every £1 that the average bonus earning man earned, the average woman earned £0.67

Fig.3

4. Proportion of Males and Females in each Pay Quartile

To give an overview of where women and men are distributed in terms of seniority, the proportions of male and female employees are split between four quartiles – lower, lower middle, upper middle and upper pay bands, representing increasing seniority. The proportion of women and men in these quartiles are summarised in Figure 4 below:



Fig.4

Highest Pay Quartile (££££): The proportion of women in the upper pay quartile has increased by 0.8 percentage points from 55.6% to 56.4% in March 2023. However, a 13.4% gap exists between the trust gender profile (69.8% female) and the proportion of women in the highest pay quartile (56.4%). This gap has reduced by 1.8 percentage points since the previous year (15.2%). Whilst this is a significant improvement, men continue to be disproportionately represented in our workforce at the higher levels of pay. At the top pay decile 44% of the workforce is male, despite men only accounting for around 30% of the total workforce.

Upper Middle (£££): 78.5% of upper middle quartile positions are filled by women. This is a 0.5% increase on last year, continuing the trend from previous reports. However, the data does suggest that there currently continues to be a ceiling which exists for women between the upper middle and highest quartile. Increasing the proportion of women in the top two quartiles is a key approach to reducing the mean pay gap and can create a pipeline of talent to enter the highest quartile. The Trust has recognised the need to demonstrate fair recruitment and progression opportunities regardless of gender or any other protected characteristics. To do so, an inclusive career progression framework has been established with various interventions and development opportunities launching throughout 2022 and 2023.

Middle and Lower Quartiles (££ and £): Women are disproportionately represented in the lower middle quartiles of pay (75.8%) compared to the trust gender profile (69.8%). In the lowest quartile, men and women are broadly distributed in an equitable way, in relation to overall trust gender profile.

Change in Proportion of Women by Pay Quartile:

Pay Quartile	% Women in Each Pay Quartile			
	2020	2021	2022	2023
££££	58%	58% (no change)	55.6% (-2.4%)	56.4% (+0.8%)
£££	77.8%	77% (-0.8%)	78% (+1%)	78.5% (+0.5%)
££	78.9%	77% (-1.9%)	71.9% (-5.1%)	68.6% (-3.3%)
£	70.7%	71% (+0.3%)	70.8% (-0.2%)	69.8% (-1.0%)

Table 2.

5. Gender Pay Gap: Benchmarking Against Similar Trusts

2023 data is not yet available for all 10 large acute trusts in London for benchmarking purposes, as the 2023 position is not due to be published until March 2024. We instead present complete figures from the March 2021/22 snapshot which is the latest complete comparison of data from relevant trusts. We can therefore only benchmark retrospectively, until the 2023 data from all other trusts is published.

Regarding overall mean pay gap, Barts Health sits below the middle at 7th out of 10 other large London acute trusts (or 6th when considering median pay gap). Along with Barts Health, the majority of Trusts in the comparison at Table 3 below saw a decrease in the mean and medium pay gap in the previous reporting year. It should be noted that these figures are based on snapshots from 2 years ago so comparisons should be used with caution.

Large London Acute used with NEL Acutes included. (Workforce 5,000+). Source: <https://gender-pay-gap.service.gov.uk/> Figures for March 22 reflect those submitted as at 11/07/23. Note in the period between March 2020 and March 2021 Imperial in housed 'hotel services'. No benchmarking for March 23 is available at this stage.

Trust	2020		2021		2022	
	Mean Gap %	Median Gap %	Mean Gap %	Median Gap %	Mean Gap %	Median Gap %
University College Hospital	15.2%	9.4%	13.7%	8.9%	14.0%	6.4%
St George's	13.7%	9.5%	13.9%	7.9%	14.6%	9.5%
Guy's & St Thomas'	15.6%	10.1%	16.0%	8.0%	13.3%	6.9%
Imperial College Healthcare	16.8%	11.4%	9.7%	-1.2%	9.3%	1.6%
Royal Free London	16.1%	12.7%	14.7%	11.8%	13.9%	12.4%
Barts Health	17.5%	12.7%	19.6%	12.6%	19.2%	11.7%
King's College Hospital	18.9%	13.2%	18.0%	12.0%	17.9%	7.7%
Homerton	21.5%	14.2%	18.2%	11.6%	5.4%	2.9%
Lewisham And Greenwich	23.0%	17.9%	21.7%	16.2%	21.7%	16.2%
Barking, Havering & Redbridge	27.4%	23.5%	25.1%	20.9%	24.9%	19.5%

Table 3.

6. Gender Pay Gap Snapshot by Band and by Staff Group

The staff group and band charts at Figure 5 reflect the historical, and still prevalent, gender roles of the hospital workforce. Understanding where gaps exist can help identify what is working well, and where structures exist that reinforce inequality.

Whilst we see a small majority of female doctors in the training grades, which bodes well for the future, it does not reflect the overall gender split of the Barts Health workforce and so is unlikely to have a significant impact on the overall gender pay gap position.

The dual challenge here is around increasing the proportion of female representation in the higher AfC bands whilst also increasing male representation at the lower bands.

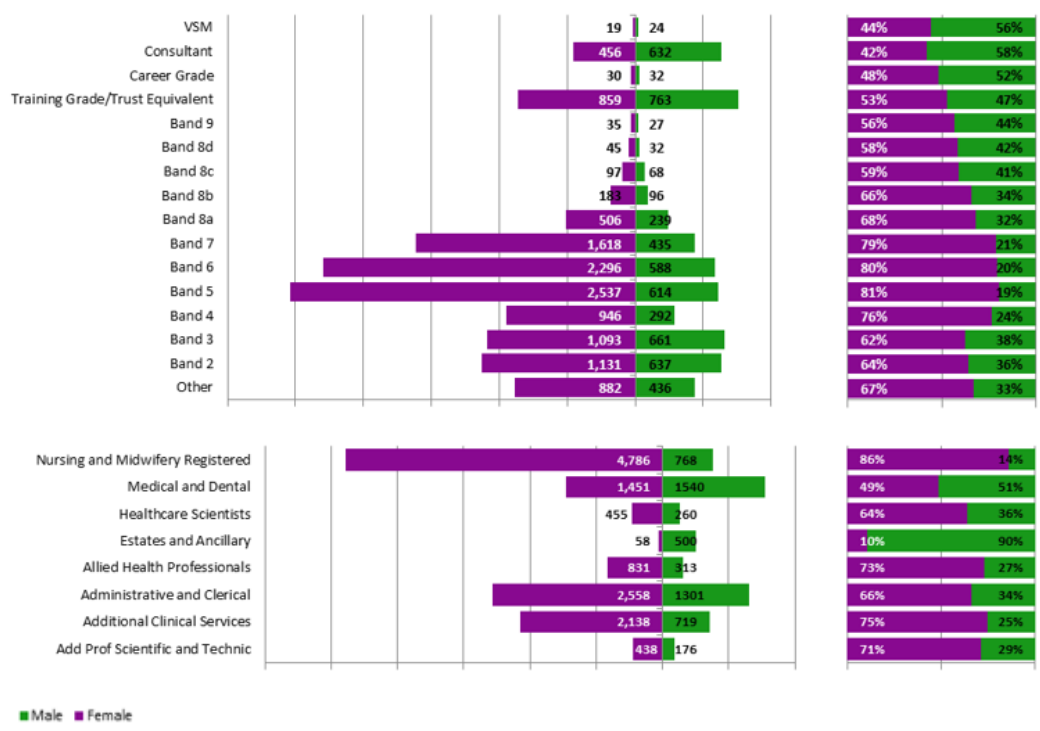


Fig.5

The level of female representation varies by band and staff group. It is important that the Trust understands the drivers of this variation, in order to fully address the drivers of our GPG. Key trends within the March 2023 data include:

- At first glance, it appears that female colleagues are overrepresented in all bands other than VSM and consultant, and in all role groups other than estates, medical and dental. However, this data must be viewed in reference to the overall proportion of females in the trust which is 69.8%. When taking this into account, female staff are underrepresented in all bands at 8a and above and are overrepresented in bands 4 to 7.
- The proportion of females in VSM positions has increased to 44% from 40% in the previous year, which is most likely driving improvement in the mean pay gap.
- Whilst the number of women in band 9 positions has remained the same from the previous year, the number of men in band 9 positions has increased, thereby reducing the overall proportion of women in band 9 positions compared to their male counterparts.
- The proportion of females in band 8c /d positions has increased for a consecutive year, potentially providing further opportunities for a female talent pipeline into VSM positions to drive further improvements in the Trust’s gender pay gap. These improvements in the representation of women at band 8c / d level may be attributed to changes in the 8a+ recruitment process. Recruiting managers now shortlist one ethnic minority candidate and one woman for vacant 8a + posts or readvertise the job if they cannot. The trust has also

trained circa 200 inclusion ambassadors who are active on interview panels to ensure any bias is challenged and removed from the decision-making process.

- The Nursing and Midwifery staff group remains female dominated (86% female). This profession predominantly has a low-mid banding structure that may provide structural barriers to progression.
- The consultant workforce continues to be 42% female and 58% male; however, the number of female junior doctors exceeds the number of males. The consultant workforce has not changed since the 2021 snapshot, meaning these junior doctors are not yet entering more senior positions. This reflects findings in the 2022 Medical WRES report², which identified that training and entry level medical positions are much more representative than senior grades.
- Medical & Dental, and Estates and Ancillary are the only two staff groups that have an over representation of male staff, compared to the trust gender profile.

7. Ethnicity Pay Gap Information (March 2023)

For the third time, we have shared our ethnicity pay gap data which reinforces the impact of known inequalities in representation at senior levels. Presenting ethnicity pay gap data is not a statutory requirement, so we cannot benchmark against other organisations.

Our initial snapshot from March 2021 shows that for every £1 that the median white colleague earned, the median Black, Asian, and Minority Ethnic (BAME) colleagues earned £0.82. This has not changed significantly since 2021. This gap echoes findings in Workforce Race Equality Standard (WRES) reporting which consistently shows that BAME colleagues are underrepresented in upper pay quartiles. We will continue to scale our career progression, recruitment, and development workstreams to drive improvement in this area.

The ethnicity pay gap is an emerging part of this report – further data and analysis will be carried out to dig into the driving factors of inequalities in pay ethnicity. This will feed closely into existing work around addressing representation gaps in Barts Health that are outlined in WeBelong. actions Barts are taking to reduce the inequalities between ethnicities are outlined in more detail as part of our Workforce Race Equality Standard (WRES) reporting, which is available separately on our website.

The snapshot included in this report contains: a) median and mean ethnicity pay gap and b) proportion of BAME and white colleagues in each pay quartile.

² <https://www.england.nhs.uk/long-read/medical-workforce-race-equality-standard-2022/>

18.2% Median Ethnicity Pay Gap (White/BAME) (hourly rate)



Fig.6

For every £1 that the medium white colleague earned, the medium Black, Asian, and Minority Ethnic (BAME) colleague earned £0.82. The medium ethnicity pay gap has remained the same since March 2021, after improving in March 2020.

18.3% Mean Ethnicity Pay Gap (White/BAME) (hourly rate)



Fig.7

For every £1 that the average white colleague earned, the average Black, Asian or Minority ethnic colleague earned £0.82. This has remained same from the previous year.

Proportion of Asian, Black, Mixed and White colleagues in each pay quartile

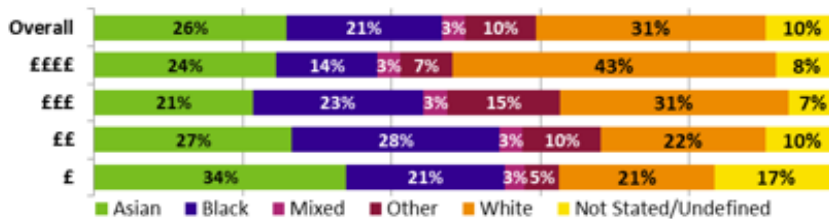


Fig.8

Highest Quartile (££££): 43% of the highest earners in the Trust are White and 41% are from a Black, Asian, or mixed heritage background (a 3 percentage point reduction in BAME representation from the previous year). Asian and mixed heritage colleagues are represented in line with the overall workforce, whilst Black colleagues and colleagues recording their ethnicity as ‘other’ are underrepresented. White colleagues are overrepresented.

Upper Middle Quartile (£££): 31% of the staff in this quartile are White and 47% are from a Black, Asian, or mixed heritage background. Compared to the overall trust ethnicity profile, Asian colleagues are underrepresented in this quartile, whilst colleagues recording their

ethnicity as 'other' are overrepresented. Black, mixed heritage and White staff are represented in line with the overall trust ethnicity profile.

Lower Middle Quartile (££): 22% of staff in this quartile are White and 58% are from a Black, Asian, or mixed heritage background. Compared to the overall trust ethnicity profile, White colleagues are underrepresented in this quartile, whilst Black colleagues are overrepresented. Asian, mixed heritage and colleagues reporting their ethnicity as 'other' are represented in line with the overall trust ethnicity profile.

Lower Quartile (£): 21% of the lowest earners in the Trust are White and 58% are from a Black, Asian or mixed heritage background. Compared to the overall trust ethnicity profile, White colleagues and colleagues reporting their ethnicity as 'other' are underrepresented in this quartile. Asian colleagues are overrepresented in this quartile, whilst Black and mixed heritage colleagues are represented in line with the overall trust ethnicity profile.

Ethnicity Pay Gap as at March 2021 – Top 20 represented Ethnic Groups

Looking at the top 20 ethnic groups by size represented at Barts Health (see Table 4.), there is high variation associated with different ethnicities. For example, Bangladeshi colleagues continue to have the lowest median pay, whilst White Irish colleagues have the highest. This represents a change from the previous year when Chinese colleagues had the highest medium pay. The difference between the lowest, and highest median pay is significant. This demonstrates the need to increasingly breakdown ethnicity pay gap data to better understand where inequalities exist so that they can be appropriately addressed.

Ethnicity	Mean pay by hour (£)	Median pay by hour (£)	Count
B White - Irish	£ 30.40	£ 26.39	298
R Chinese	£ 31.07	£ 26.02	178
A White - British	£ 29.13	£ 26.01	3697
C White - Any other White background	£ 28.40	£ 25.08	1113
H Asian or Asian British - Indian	£ 28.48	£ 24.53	1603
F Mixed - White & Asian	£ 26.80	£ 23.95	117
S Any Other Ethnic Group	£ 25.91	£ 23.42	416
G Mixed - Any other mixed background	£ 25.32	£ 23.19	167
L Asian or Asian British - Any other Asian background	£ 25.63	£ 23.01	650
CY White Other European	£ 26.85	£ 22.99	189
SC Filipino	£ 21.93	£ 21.89	1177
J Asian or Asian British - Pakistani	£ 25.96	£ 21.38	485
N Black or Black British - African	£ 22.39	£ 20.92	2172
PA Black Somali	£ 20.67	£ 20.09	129
PD Black British	£ 21.34	£ 19.81	226
P Black or Black British - Any other Black background	£ 20.80	£ 19.50	268
Z Not Stated	£ 24.83	£ 18.40	1749
M Black or Black British - Caribbean	£ 20.42	£ 17.91	682
PC Black Nigerian	£ 20.32	£ 17.03	309
K Asian or Asian British - Bangladeshi	£ 19.03	£ 16.13	1406

Table 4

8. How are we Closing the Gaps?

WeBelong 2.0

In February 2022, we launched the second phase of our WeBelong Strategy. Our initial phase (2020-21) was focused on creating governance, infrastructure and raising awareness on inclusion. Our inclusion commitments during 2022/2023 have been completely focused on action and delivery. Much of these plans are already underway and our inclusion workstreams have gone from strength to strength since the launch of WeBelong. Our focus is now about continuation and scale, ensuring the impact of inclusion projects penetrate into our hospitals.

We now have a set of well-coordinated workstreams which are leading to notable improvements in our GPG position. Despite these improvements, key challenges remain. The 2022 refreshed WeBelong strategy outlined some of our priorities for the future to address these challenges. We believe that our areas of focus remain the right areas for 2023 and will spend another 12 months focusing on delivering impactful programmes, but critically ensuring that the reach of these programmes is increased. These programmes are intended to impact from the gender and ethnicity pay gap.

- **Career Progression:** We have launched an ambitious career development offer at Barts Health that will contribute to close the gap on multiple fronts. For example, we have partnered with Inclusive Boards to deliver our Future VSM Programme. Inclusive Boards is the UK's leading agency that supports organisations and sectors in their efforts to develop more diverse boards and senior leadership teams. They have worked with several organisations to embed diversity and inclusion in their leadership development and governance structures. Our Future VSM Programme is an innovative and inspirational 7 - month positive action career development initiative, which takes senior leaders in band 8c+ or equivalent senior medical leadership roles on a transformational learning journey, helping them to realise their potential and take the next step up to Director level role and beyond. This opportunity is being launched as part of the Trust's wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is more representative of our workforce.

Other career development interventions include:

- Launch of Shadowing and Career Mentorship service for all staff, which over 245 staff have joined.
- Expansion of career development workshops and seminars for underrepresented colleagues.
- Expansion and improved access to training opportunities.
- Succession planning and stretch assignment pilots.
- Coaching for line managers to provide better quality career conversations.
- Cohort 1 of Future VSM programme.
- Secondment and stretch assignment frameworks.
- Internal talent pipeline planning in all hospitals.
- Job sharing matchmaking pilots.

- Launch of our inclusive career development framework across all sites, which includes career conversations for staff and a more consistent approach to succession planning.
- **Processes:** Barts Health continues to develop our senior recruitment processes to drive more equitable recruitment. The 8a+ process has had a positive impact on increasing representation and should be reflected in next years' report further. In addition, we have committed to revising board level recruitment and advertising processes to take a values / impact based model that will seek to increase female and ethnic minority representation in VSM and board roles. Wider recruitment (including different working pattern JDs), bonus, and advertising processes will also be under review. Plans are also in place to develop and roll our inclusive recruitment training for managers, as reflected in our 2023 Workforce Race Equality Standard (WRES) action plan.
- **Inclusion Learning and Development:** In March 2022, we launched a refreshed, comprehensive set of learning modules to develop a more inclusive culture in the trust. Lessons include GPG specific modules, as well as broader cultural intelligence masterclasses. This programme seeks to raise awareness, as well as target the unconscious and conscious cultural drivers of GPG. Also, in August 2023, we will launch of our innovative agile inclusion reflective learning and development modules. These modules have been designed to strengthen our collective knowledge and skills in creating an inclusive culture at Barts Health.
- **Partnerships:** Barts Health has strengthened its partnerships with thought leaders in closing the gap to help accelerate change. This includes working with other NHS trusts and professional bodies. As part of this, we have joined *Working Families*, an expert member organisation to undertake detailed reviews of our policies, understand opportunities that remain, raise awareness, and increase access to events. We have also partnered with Inclusive Employers and Dods D&I to deliver a comprehensive training programme to staff at Barts Health. Dods D&I also provided a suite of 'into leadership' products and full access to an e-library of content aimed at managers wanting to develop and progress.

Gender Pay Gap Task & Finish Group:

The GPG Task and Finish Group have been meeting regularly for two years since its refresh in 2021. During 2023, the Group have continued to focus on the following key priority areas:

- **Flexible Working:** Supporting the flexible working policy launch/adoption, gathering best practice and showcasing stories, liaising with key decision makers and boards and applying the NHS flex for the future model.
- **Career Progression:** Working closely with the people directorate to ensure the above career progression offer addresses the needs of women in the workforce, building in a talent management approach.

- **Clinical Excellence Awards:** Providing peer to peer support to colleagues throughout the application process, enhancing the CEA group membership to include equality representation and levelling the awards to offer fairness to different working patterns.
- **Intersectionality:** The Group are working closely with the Black, Asian and Minority Ethnic network to explore opportunities for co-working on closing the gender and ethnicity gap.
- **Communications:** Raising awareness through large, regular events to build understanding of the GPG, as well as supporting culture change in the organisation.

9. Fulfilling Our Commitments:

In last year's report, we committed to several actions to address the gender pay gap. These actions are summarised in Table 5, along with an update for transparency. Our core commitments for the coming year are to deliver the outlined interventions in our WeBelong strategy.

Commitment	Update	Forward plan
Establish GPG and EPG task group.	<ul style="list-style-type: none"> The Gender Pay Gap Task & Finish group was reinstated, and a chair appointed in March 2021. A highly active group has been key in driving the trust work in closing the gap and presented to Board a GPG reduction target which the Board committed to in November 2021. The GPG Task and Finish group also support ethnicity pay gap group and work with other networks to support review of intersectionality data. 	<ul style="list-style-type: none"> The GPG will continue to meet regularly reviewing professional level data with the Women's Network, professional representatives as well working with the flexible working group, CEA local group and focussed career development working groups such as administration and clerical with cross site representatives. The administration and clerical working group will be chaired by the Trust's Chief Operating Officer and will ensure that key actions arising from the GPG Task & Finish Group are driven forward.
Update Benchmarking	<ul style="list-style-type: none"> This has been reviewed annually as one of the targets is reaching 5th best GPG across London. 	<ul style="list-style-type: none"> Whilst exercising caution with data from Trusts that have undergone insourcing as well as adjustment for any potential Barts insourcing, we continue to track our GPG against that of other Trusts and are currently positioned as having the 6th best median GPG across London, based off the current available data (March 2022).
The Barts NHS Trust Gender Pay Gap target	<ul style="list-style-type: none"> In November 2021, Barts Health set the following GPG targets: <ol style="list-style-type: none"> Reach a median GPG of 11%. Ensuring that reaching the 11% target is reached genuinely and not through TUPE. Reach 5th best median GPG if benchmarking across London. Reach this target within 3yrs. Continued improvement if we reach the target earlier than 2025. 	<ul style="list-style-type: none"> Update Board and Trust regarding progress made against the targets: <ol style="list-style-type: none"> We have reached a median GPG of 11% or less. Target was reached without SERCO in-housing. Reached 6th best GPG across London. 11% median GPG target was reached within 3yrs. Continue improvement includes the 'true-up' (lowering) the median GPG target to reflect the SERCO in-housing effect. Having made 'true' the target to reflect SERCO in-housing we need to ensure this improvement is sustained and continued. Continued improvement includes ensuring both mean and median continue to improve.
Assessing impact of SERCO in-housing	<ul style="list-style-type: none"> The GPG Task and Finish group have tracked the impact of changes to the workforce structure which could impact on progress against the GPG target. The GPG Task and Finish group can advocate for a 'true-up' adjustment to the target to ensure that extrinsic factors (whether they negatively or positively impact on progress) are properly taken into account. 	<ul style="list-style-type: none"> We can see that the drop in GPG this year is in part due to SERCO in-housing and will look to set a new target to reflect the impact of this. We have already checked that without the SERCO TUPE workforce the Trust had reached the previous target of 11% median GPG.
Board approval for revised GPG Target	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> To consider/agree that 5th best GPG remains an appropriate aspiration for the Trust.

		<ul style="list-style-type: none"> To consider a review over time of GPG within the quartiles, including top quartile as a potential driver of difference of median and mean GPG. To review the current data and work with the Inclusion Board to agree an approach to sustain and build on the improvement that have been achieved.
<p>Develop understand of what is driving GPG at Barts Health</p>	<ul style="list-style-type: none"> A systematic approach was adopted by the Gender Pay Gap Task and Finish Group of reviewing GPG data profession by profession covering 74% of the Barts workforce to look at common cross cutting drivers, as well as factors of particular impact within a profession. Women constitute 78% of NHS staff and 1:3 are carers (excluding childcare). England has some of the highest childcare costs in the world (OECD). 	<ul style="list-style-type: none"> Continue to expand professional groups reviewed. Re-review prominent professions e.g., nursing. Re-review impact of flexible working. Re-review CEA awards.
<p>Cross cutting theme Strategy developed by GPG T&F group</p>	<ul style="list-style-type: none"> Flexible working career progression issues (e.g., A&C) CEA Review of top quartile (% female) 'Pinch' points are highlighted and fed back to professional leadership groups such as NMAHP by GPG T&G. 	<ul style="list-style-type: none"> Flexible Working: Supporting the flexible working policy launch/adoption. Career Progression: Working closely with the people directorate to ensure the current career progression offer continues to address the needs of women in the workforce. Clinical Excellence Awards: Providing peer to peer support to colleagues through applications and refining the process to be fairer, as well as ensuring that there is no impact from working less than full time. This piece of work will be driven by our Chief Medical Officer and Head of Medical Workforce. Focus on the top quartile. Intersectionality: Working closely with the BAME network to explore opportunities for co-working on closing the gender and ethnicity gap, as well as other inclusion networks. This will be raised at the next bi-monthly meeting with the BAME network to ensure that this is build into the Network's work programme to ensure a coordinated and joined up approach. Communications: Raising awareness through large, regular events and written media. A key element of this is building engagement at senior Boards, and talking to staff to understand what interventions can be put in place. Mentoring, and shadowing opportunities by Women's' Network. Site-based data E&I groups that focus on data by profession.
<p>Monitor and refine existing interventions</p>	<ul style="list-style-type: none"> Existing interventions in our recruitment processes have been under constant review and refinement, this has included a pilot to scale our inclusion ambassador panel participation to further bands. We have also scaled our inclusion training offer and the frequency in which we run our career development programmes for Black, Asian, ethnic minority colleagues and women. Progress on increasing 	<ul style="list-style-type: none"> The inclusive career development programme commenced with the roll out of our career development programme for BAME, disabled and female staff, which has been completed by circa 700 staff, across 41 Cohorts. Barts Health has also launched a career mentorship programme, which has successfully matched 93 staff members with senior leaders throughout the organisation.

	<p>representation across gender and ethnicity is reported on monthly to the group Inclusion Board.</p>	<ul style="list-style-type: none"> Moreover, in addition to a central repository of career development webinars, guides, and career conversation toolkits (available on the Trust intranet), staff also have access level 1 bitesize learning tool kits, with 12 modules for staff to have facilitated inclusion conversations along with 16 reflective e-learning modules to upskill our workforce to foster an inclusive culture. The GPG Task & Finish Group believe that these interventions remain suitable for the coming year. The GPG Task & Finish Group will keep the effectiveness of the interventions under review and will consider the appropriateness of additional/alternative interventions.
<p>Raise awareness</p>	<ul style="list-style-type: none"> GPG Task & Finish Group developed an infographic explaining GPG and Equal pay but ongoing awareness is needed. 	<ul style="list-style-type: none"> Use of infographic, women's network events, E&I training. Regular 'live' listening and awareness events hosted by Women's network.
<p>Awareness of GPG throughout the organisation</p>	<ul style="list-style-type: none"> GPG findings were fed back to Board, local E&I and key professional bodies such as NMAHP. 	<ul style="list-style-type: none"> Develop further links to enhance review of site based professional data through work with; site people directors, E&I groups, E&I networks (in particular Women's network), and key professional bodies such as NMAHP.
<p>Broader scope interventions</p>	<ul style="list-style-type: none"> Further refined inclusive recruitment processes (including shortlisting process and having unbiased panel members). A refreshed inclusion and learning development curriculum has launched which is recommended for all staff. This includes building inclusive cultures, as well as specific sessions on understanding the GPG. The trust wide career progression framework including interventions designed at reducing disparities in development/job opportunities (including shadowing, sponsorship, stretch opportunities, job sharing, secondments, and targeted development programmes). Recruited new leads for the women's network at hospital sites and represented at monthly hospital inclusion committees. Improving flexible working policy and use. Reviewing key policies, including the uptake of Shared Parental Leave. Trust wide mentoring and sponsorship programme. Networking opportunities via Women's Network. 	<ul style="list-style-type: none"> The Trust has now formally launched the Inclusive Career Development Framework across all sites and work is underway to identify a cohort for the Future VSM Programme. We have launched the opportunity as part of our wider work around inclusive career progression and developing a consistent approach to succession planning, to provide equal development opportunities for staff and to create a senior leadership talent pool that is representative of our workforce. We have also partnered with an external consultant to review and improve our Board level recruitment and advertising processes to adopt a more values/ impact-based model that seeks to increase female and ethnic minority representation in VSM and board level roles. We have carried out two live exercises using the new values / impact-based model for a CEO role and Director level role. There will be a robust evaluation of these programmes to identify learning and best practice, which we will embed within our other inclusive career development initiatives. Our systematic approach to evaluation of the impact of the programmes will include gathering feedback from participants, which we will use to drive our continuous improvement efforts and ensure that our inclusive career development opportunities are delivered in a way that is personalised, supportive and that has an impact on our gender and ethnicity pay gaps.

Report to the Trust Board: 13 September 2023	TB 56/23
---	-----------------

Title	Whipps Cross Redevelopment
Accountable Director	Whipps Cross CEO, Director of Strategy
Author(s)	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
Purpose	To provide an update on the Whipps Cross redevelopment programme
Previously considered by	GEB

<p>Executive summary</p> <p>This paper provides an update on the programme for the redevelopment of Whipps Cross Hospital in the context of the national New Hospital Programme and including the business case for the second phase of enabling works; and the recent publication of an ‘annual report’ that charts the progress of key transformation programmes and the journey to the new hospital.</p>
--

Related Trust objectives	
Objective 3	
Risk and Assurance	Risks to the below BAF risk
Related Assurance Framework entries	12. Delays to the progress of a robust business case, supported by stakeholders, impairs Whipps Cross redevelopment and delivering the vision of excellent integrated care
Legal implications/regulatory requirements	None

<p>Action required by the Board</p> <p>The Board is asked to note:</p> <ul style="list-style-type: none"> the recent approval of the outline business case for the second phase of enabling works; and the publication of the first ‘annual report’ charting the progress of key transformation programmes and the journey to the new hospital.
--

BARTS HEALTH NHS

REPORT TO TRUST BOARD: 13 SEPTEMBER 2023

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

1. In July 2023, the Trust Board received an update on the latest position on the programme for the redevelopment of Whipps Cross Hospital in the context of the national New Hospital Programme (NHP), and progress on the development of a framework for an 'annual report' that will chart the progress of key transformation programmes and the journey to the new hospital.
2. This report provides an update on the redevelopment programme, including approval of the outline business case for the second phase of enabling works, and the publication of the 'annual report'.

WHIPPS CROSS REDEVELOPMENT UPDATE: SUMMARY POSITION

3. On 17 August the Department of Health and Social Care and NHS England approved the outline business case for the second phase of our enabling works. These works include the construction of a new 500-space multi-storey car park, which must be completed before building of the new hospital itself can begin.
4. Following the announcement on 25 May of the Government's renewed commitment to its manifesto pledge to build 40 new hospitals by 2030 (including Whipps Cross Hospital), we have continued to work closely with colleagues in the national New Hospital Programme (NHP), with the aim of clarifying the methodology and assumptions underpinning the indicative capital allocation for the Whipps Cross programme and agreeing next steps for the programme.

ENABLING WORKS - PHASE TWO

5. The decision on 17 August came nearly 18 months after we submitted the outline business case to NHS England for review and approval. Nonetheless, the business case's formal approval represents an important milestone towards delivering a new Whipps Cross Hospital for our staff and for the people of north east London.

6. We have already begun the process for procuring a construction partner to carry out the works, via the Procure 23 Framework. We expect to have identified a preferred contractor by this Autumn.
7. The approval of the outline business case means that, in addition to procuring a construction partner, we can also now begin the process of finalising the full business case (FBC) for phase two of the enabling works.
8. The next steps to finalise the FBC include the selection of the preferred construction partner and agreement with them of a guaranteed maximum price to deliver the project.
9. Once these details are finalised later this year, the FBC will be submitted to the Department of Health and Social Care and NHS England for review and approval. We continue to discuss with national colleagues the timetable for their process, with the aim of securing formal approval as quickly as possible and avoiding any repeat of the lengthy review and assurance process that we experienced with the OBC. Subject to national approval, we anticipate that work will begin on site in early 2024.

NEW HOSPITAL PROGRAMME – CURRENT POSITION AND NEXT STEPS

10. As reported at the Trust Board meeting in July, on 25 May the Secretary of State for Health and Social Care set out, in a statement to the House of Commons, the Government's continued commitment - through its NHP - to building 40 new hospitals by 2030, including Whipps Cross Hospital. That commitment included completing NHP cohorts 1 and 2, delivering cohort 3 (which includes Whipps Cross) and some of the original schemes in cohort 4, plus five additional RAAC¹ schemes (with two RAAC schemes already included in cohort 4).
11. It is clear - including through subsequent conversations with NHP colleagues – that planning and delivering the seven RAAC schemes is a priority for the Government and the Programme. At the same time, there was nothing in the May announcement or that has been said since then that suggests delivering the Whipps Cross programme (and other cohort 3 schemes) has been de-prioritised in any way. Our programme milestone assumptions remain unchanged.
12. NHP colleagues have shared with the Trust, in confidence, an indicative capital envelope to act as a working assumption for funding the redevelopment of the

¹ Reinforced Autoclaved Aerated Concrete

hospital. We remain in regular contact with national colleagues to understand the methodology underpinning the indicative capital allocation and the opportunities that being part of the NHP will bring to delivering our programme at renewed pace and with reduced construction costs. Regrettably, clarity on the above points remains elusive.

13. Given the absence of a clear understanding of the methodology and assumptions underpinning the indicative capital allocation, it is currently impossible to judge whether it will prove sufficient for delivering the preferred option of a single-phased rebuild of the whole hospital before the end of the decade. However, we continue to emphasise to national colleagues the overall state of readiness of the Whipps Cross redevelopment programme, including the statutory planning determination we have for a new hospital and the progress being made with the enabling works.
14. This is being fed into the work of the NHP as it prepares a further national Programme Business Case, which we understand will be submitted to the Treasury in the winter of 2023/24. NHP is describing a process of “preparation and prioritisation”, which is expected to take nine months. However, we also expect NHP to accelerate a small number of schemes, particularly those that are considered well advanced.
15. We have been told that, overall, the outputs from this next phase of work will include agreeing a timeline for submitting our outline business case, securing confirmation of a final funding allocation, and agreeing a timeline for construction of the new hospital.
16. Despite the continued challenges and the absence of a clear delivery programme nationally, subject to local and national approval of our outline business case it remains feasible for construction of the new hospital to begin in 2025, with construction completed in 2029.

NATIONAL AUDIT OFFICE

17. On 17 July, the National Audit Office published a report following its review of whether the national New Hospital Programme was set up and progressing in a way that would deliver the Programme objectives and value for money. We await the Government’s response to the report to see if there are any implications for individual schemes such as the Whipps Cross programme.

AN INTEGRATED DELIVERY FRAMEWORK AND REPORTING ON PROGRESS

18. As previously reported, local health and care providers are committed to keeping local people and their elected representatives informed on the progress of service transformation. To fulfil this commitment, a progress report has been produced to provide information and data about key hospital and community-based services.
19. The first 'Integrated Delivery Framework' (IDF) annual progress report was published on 25 August. A copy of the report is attached at **Appendix A**.

KEY FINDINGS

20. The report suggests that transformation of key services across the Whipps Cross catchment area, both in the hospital and in the community, is likely to have contributed to some of the progress seen across the local area during 2022/23. The report also suggests there are services that have yet to see significant improvements.
21. In 2022/23, the number of people presenting at the Whipps Cross Hospital 'front door' with urgent and emergency care needs was 3.9% lower than in 2018/19. The activity modelling undertaken to support the development of the business case for redeveloping the Hospital suggested that attendances would remain relatively unchanged in 2028/29 compared to 2018/19, despite the projected rise in the local population.
22. Unplanned - also known as non-elective - admissions to Whipps Cross Hospital in 2022/23 were less than 22,000 for the whole year, representing a reduction of 44% compared to the number in 2018/19. Activity modelling suggested a fall only to around 38,000 by 2028/29. Before conclusions are reached prematurely, work is needed to understand why there has been such a big reduction, not in line with the trend the modelling suggested. On the face of it, the data implies a range of improvements in the way urgent and emergency care services are being managed across the system, including through the 'front door' of the hospital, and that these are having an impact.
23. The average length of stay of those with an unplanned admission to hospital was 9 days in 2022/23, compared with 8 days in 2021/22. This may be directly related to the fall in unplanned admissions to hospital and indicative of it increasingly

being only the sickest patients being admitted to hospital for their care and treatment. Further work is needed to understand the reasons for this.

24. In 2022/23, the local NHS and care providers were focused on post-pandemic recovery, with many of the transformation programmes either being developed or in the early stage of delivery. Continued commitment to transformation and a system-wide approach will be vital in delivering the aims and ambitions of the IDF.
25. It would be unwise and premature to draw firm conclusions from the data in the report. Further work is needed to understand better what key data means moving forward, including whether improvements seen between 2021/22 and 2022/23 will be sustained in the future.

BED NUMBERS IN THE NEW WHIPPS CROSS HOSPITAL

26. The report does not look at hospital capacity, either now or in the future. In that respect, it does not provide data or reach conclusions on, for example, the number of inpatient overnight beds used in 2022/23 or that may be required in the new Whipps Cross Hospital.
27. However, as we have repeatedly stated, the report - and future annual reports - will be one source of information for the evaluation of future demand and capacity projections for the new hospital, including the number of beds. As we move closer to the delivery of the new Whipps Cross, it will be important to develop a better understanding of the data – and longer-term trends - set out in the annual progress report including, for example, whether year-on-year improvements will be sustained well into the future.
28. For example, further work is needed to understand better the reasons for the apparent fall in admissions to Whipps Cross Hospital between 2021/22 and 2022/23, the increase in average length of stay over the same period, and the extent to which waiting times for urgent and emergency care are impacted by the number of available open beds.
29. Again, it would be wrong to reach premature conclusions on future capacity based on limited evidence. In any case, our approach to the design of the new hospital means that we have the flexibility to respond to new data and emerging trends. This flexible approach means that 600 beds could be accommodated in the new hospital if it proves necessary.

NEXT STEPS

30. Overseen by the IDF Executive, we should expect that the delivery of transformation programmes - even for those still in early stages - is likely to have contributed to some of the progress seen during 2022/23. At the same time, clearly there is much more that needs to be done in the coming year and beyond.
31. However, we assert that this first annual report of the IDF should increase confidence that the local integrated care system is planning and making the right interventions to achieve desired outcomes. Moving forward, detailed work will be undertaken to understand in full how service transformations are driving improved health outcomes and to enable the right decisions to be made when improvements in care cannot be demonstrated.

CONCLUSION AND RECOMMENDATIONS

The **Board is asked to note:**

- the recent approval of the outline business case for the second phase of enabling works; and
- the publication of the first 'annual report' charting the progress of key transformation programmes and the journey to the new hospital.



ANNUAL PROGRESS REPORT

2022-23

Towards a new Whipps Cross Hospital:
monitoring key service improvements and
service transformation programmes across
the Whipps Cross Catchment Area



Contents

- 3 Introduction >
- 4 Executive summary >
- 5 Testing the modelling assumptions for the new Whipps Cross Hospital >
- 6 The integrated delivery framework >
- 8 Theme one: Keep people healthy to avoid unplanned hospital attendance. >
- 13 Theme two: when people need care and treatment, we minimise the need for hospital admission >
- 19 Theme three: when people are admitted to Whipps Cross Hospital, provide the best possible care and overall experience and work with partners to minimise unnecessary time spent in a hospital bed >
- 23 Workforce >
- 25 Future focus: integrated delivery framework 2023/24 annual plan >
- 26 Glossary of terms >



Introduction

The proposed Whipps Cross redevelopment presents a once-in-a-lifetime opportunity to build a state-of-the-art hospital for people in north east London. However, the programme is more than about building a hospital. It is also an opportunity to deliver system-wide transformation across the whole catchment area in a way that drives improvements in the population's health and wellbeing and reduces health inequalities.



To take advantage of this opportunity, an “integrated delivery framework” has been established to monitor the progress of those service transformation programmes across the Whipps Cross catchment area that will have the biggest impact on the size and scope of the new hospital.

The “framework” is overseen by an Executive consisting of representatives of organisations from across the North East London integrated care system: NHS North East London, Barts Health NHS Trust, North East London NHS Foundation Trust, Waltham Forest Council, and Redbridge Council. NHS Hertfordshire and West Essex is also represented, recognising that residents in Loughton, Chigwell and Buckhurst Hill also rely on Whipps Cross Hospital for their care.

This is the first annual report assessing system-wide activity and progress of service improvement and transformation programmes. Monitoring progress will support both the delivery of better health outcomes and provide a source of

data to inform the continual evaluation of future capacity assumptions, including the number of overnight inpatient beds, in the new hospital.

Created in partnership with staff from the organisations represented, including clinicians and local stakeholder groups, the report does not seek to cover every area of activity across the Whipps Cross catchment area. In co-designing the report, stakeholders agreed that the document should be as clear and concise as possible, and that the data presented should clearly demonstrate the link between transformation programmes and the future capacity assumptions for the new Whipps Cross Hospital.

To achieve this aim, this report contains a small number of ‘primary’ and ‘contributory’ metrics. The three primary metrics focus on three key areas of hospital activity, enabling a comparison of progress between a 2018/19 baseline and modelling assumptions for 2028/29: the number of unplanned attendances at the Emergency Department; the number of non-elective admission ‘spells’ in hospital; and the average length of stay of people admitted to hospital. These metrics are important in making sure that the new hospital is correctly designed.

These ‘primary’ metrics are then supported by ‘contributory’ metrics, which demonstrate the potential impact of individual transformation programmes on community services and hospital services and show how they feed into the ‘primary’ metrics and the evaluation of assessments about the design of the new Whipps Cross Hospital.

Executive summary

The report focuses on a range of services and activities across three themes, underpinned by primary and contributory metrics: (i) keeping people healthy to avoid unplanned hospital attendance; (ii) when people need care and treatment, minimising the need for hospital admission; and (iii) when people are admitted, providing the best possible care and overall experience with partners working together to minimise unnecessary time spent in a hospital bed.

The annual progress report demonstrates that there has been varying levels of change in activity and trends across the system. In 2022/23, the local NHS and care providers were focused on post-pandemic recovery, with many of the transformation programmes either being developed or in the early stage of delivery. Continued commitment to our transformation programmes and a system-wide approach will be vital in delivering the aims and ambitions of the Integrated Delivery Framework (IDF).

In 2022/23, the number of people presenting at the Whipps Cross Hospital 'front door' with urgent and emergency care needs was 3.9% lower than in 2018/19. The activity modelling undertaken to support the development of the business case for redeveloping the Hospital suggested that attendances would remain relatively unchanged in 2028/29 compared to 2018/19, despite the projected rise in the local population.

Unplanned – also known as non-elective - admissions to Whipps Cross Hospital in 2022/23 were less than 22,000 for the whole year, representing a reduction of 44% compared to the number in 2018/19. Activity modelling suggested a fall only to around 38,000 by 2028/29. Before conclusions

are reached prematurely, work is needed to understand why there has been such a big reduction, not in line with the trend the modelling suggested. On the face of it, it implies a range of improvements in the way urgent and emergency care services are being managed across the system, including through the 'front door' of the hospital, and that these are having an impact.

The average length of stay of those with an unplanned admission to hospital was 9 days in 2022/23, compared with 8 days the year before. Further work is needed to understand the reasons for this. It is also vital to understand better the quality of the services that people depend on after their discharge from hospital and their experience of ongoing care.

Overseen by the IDF Executive, we should expect that the delivery of transformation programmes - even for those still in early stages - is likely to have contributed to some of the progress seen. We believe that this should increase confidence that the local integrated care system is making the right interventions to achieve desired outcomes. Moving forward, detailed work will be undertaken to understand in full how programmes are driving those improved outcomes.



Testing the modelling assumptions for the new Whipps Cross Hospital

In developing the strategic business case for the redevelopment of Whipps Cross Hospital, activity modelling was undertaken to assess future demand for health and care services across the hospital's catchment area. This was intended to inform our understanding of the capacity of community-based including primary care and hospital services to provide the necessary level of care.

The modelling took into account assumptions relating to population and demographic changes, changes in healthcare delivery, and improvement and efficiency opportunities ahead of a new hospital. The outputs from the modelling highlighted the importance of planning and delivering service transformation for improving health and care and providing a new Whipps Cross Hospital fit for future generations.

To test the modelling assumptions for demand and activity in 2028/29 and the scope, size and design of the new Whipps Cross Hospital that flows partially from those assumptions, it is crucial to monitor how the transformation of services is impacting key areas of hospital activity.

The table below sets out the baseline activity position in 2018/19 for key areas in the hospital, activity in 2022/23 and the assumed level of activity in 2028/29 based on the earlier modelling.

		2018/19 (baseline)	2022/23	2028/29 (modelling)
People attending Whipps Cross hospital for urgent or emergency care (ie. the 'front door' of the hospital)	Total (excluding Eye Treatment Centre)	145,196	139,557	138,744
Emergency (or non-elective) admissions	Total	39,214	21,918	37,908
Diagnostics (number of MRI and CT scans performed)	MRI	10,000	14,909	19,000
	CT	26,000	39,020	48,000
Number of births – Maternity	Total	4,322	3,816	4,537
Outpatient appointments	Face to face	307,595	313,719	166,428
	Virtual	0	44,780	166,428

What this data – and information on other services across the Whipps Cross catchment area – means for the new hospital is explored in more detail over the following pages.

The Integrated Delivery Framework

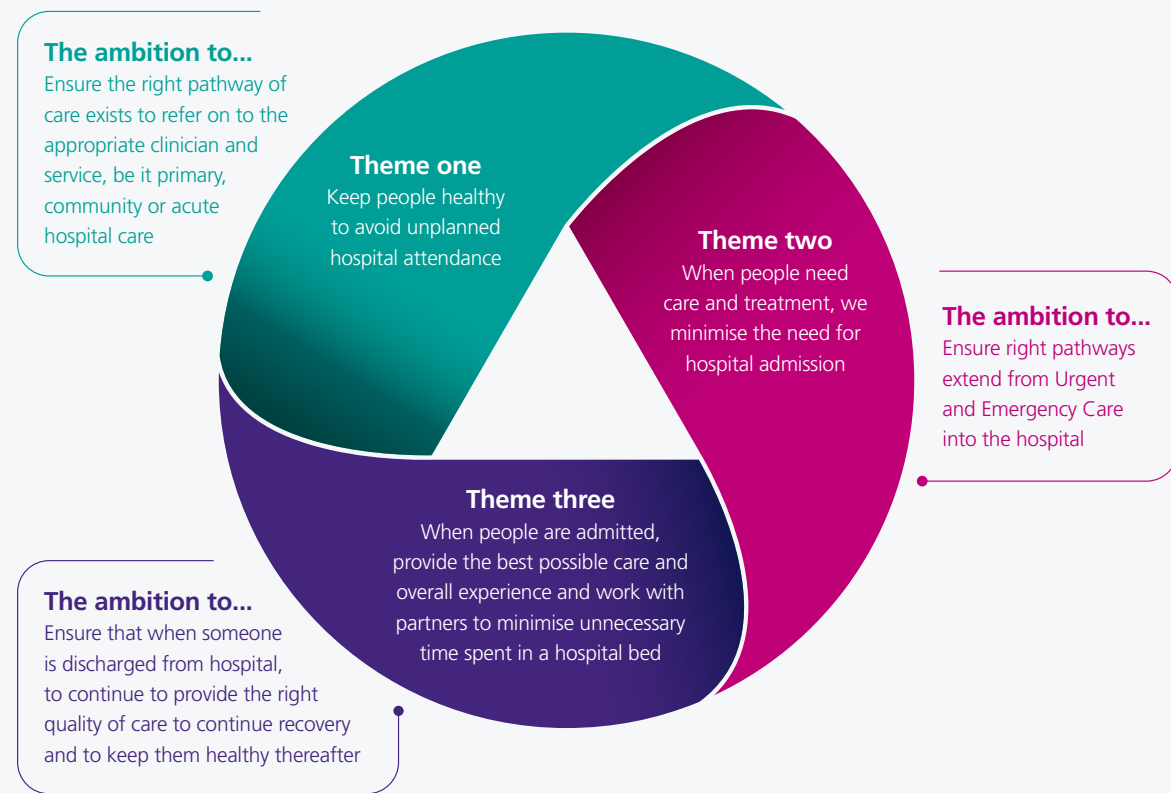
The activity modelling undertaken for the business case for the redevelopment of Whipps Cross aimed to predict what future demand for services would look like in 2028/29, taking account of projected changes in population and assuming the delivery of service improvements in the hospital and across community settings between 2018/19 and 2028/29.

The modelling showed that, were there to be no improvements in the planning and delivery of hospital and community services, the level of demand on all services would be significantly higher than in 2028/29 than in 2018/19, which would risk not being sustainable in the long term.

To meet the ever-growing demands, local health and care partners have come together to work collaboratively within the Integrated Delivery Framework (IDF). The aim of the IDF is to oversee a set of service transformation programmes to improve the health and wellbeing of the population in Waltham Forest and Redbridge and to do so in a way that supports the new Whipps Cross Hospital and makes a contribution to reducing health inequalities.

The IDF sets out three simple and interdependent aims, based on the principle of providing the right care, by the right clinician (or care provider), in the right place and at the right time. The key service transformation programmes have been grouped under each theme:

The Integrated Delivery Framework comprises three core themes



Over the following pages, the progress made across each theme is set out. Utilising available data against key metrics, the report looks to provide some insights into the impact of interventions on activity.

Some of the programmes and activities outlined are well established, some are at early stages of delivery and some are still being planned. It therefore makes it difficult to draw firm conclusions on progress and risks to delivery merely by analysing the data, including the impact of any specific programme interventions. However, by analysing the data across a range of measures, and combining that with an understanding of the service transformation programmes, the report offers some preliminary conclusions on progress and risks.

THEME ONE

Keep people healthy to avoid unplanned hospital attendance. >

THEME TWO

When people need care and treatment, we minimise the need for hospital admission. >

THEME THREE

When people are admitted to Whipps Cross Hospital, provide the best possible care and overall experience and work with partners to minimise unnecessary time spent in a hospital bed. >



THEME ONE

Keep people healthy

to avoid unplanned hospital attendance.

This section considers the level of improvement to unplanned care across the health and care system in 2022/23 through the primary metric of hospital 'front door' attendances and contributory metrics.

The primary metric of 'front door' attendances was chosen as an overall measure of demand for urgent and emergency care services at Whipps Cross Hospital. This is important for the design of the new hospital. The data can also be a helpful marker of the impact of community-based services designed to identify illness early and to keep people healthier for longer. These services include health checks for the over-40s, the provision of timely therapy treatments and the speed with which someone can secure an appointment with their GP or another member of the primary care team.

1 Source: Barts Health

2 Source: Office for Health Improvement and Disparities

3 Source: Compass, Discovery Data Services

4 Source: Compass, Discovery Data Services

Data correct w/c 31 July 2023

What do we want to know?	Measure	2021/22	2022/23	How have things changed?
The demand for urgent and emergency care (Primary metric)	Number of people each year presenting to Whipps Cross Hospital with urgent and emergency care needs ¹	137,277	139,557	There has been a small increase in the number of people presenting at the 'front door' of the hospital in 2022/23, compared to the previous year.
Identification of people most at risk of falling ill, to support interventions as early as possible	Percentage of the total eligible population (people aged 40-74) receiving health checks each year ²	Not applicable (due to Covid-19 pandemic)	Waltham Forest 40.5% Redbridge 30.1%	The London regional average for take up of a Health Check was 45.6%.
People's access to their General Practitioner (GP)	Number of GP appointments ³	Waltham Forest 764,150 Redbridge 870,015	Waltham Forest 656,048 Redbridge 757,226	There were 13.5% fewer GP appointments in total across both boroughs in 2022/23 than in 2021/22.
People's access to a 'primary care' clinician, such as practice nurse or pharmacist	Number of appointments with primary care clinicians at GP practices other than GPs ⁴	Waltham Forest 712,729 Redbridge 781,027	Waltham Forest 734,375 Redbridge 729,816	There were 2% fewer 'primary care clinician' appointments in total across both boroughs in 2022/23 than in 2021/22.

Data Alert - Data covering the number of GP appointments is termed by the government and statisticians as 'experimental'. Experimental statistics are official statistics that are in the testing phase, are not yet fully developed, and are subject to modification or further evaluation. This approach to data collection is part of a wider exercise to review national statistics to ensure that they continue to meet the needs of users. Whilst statistics are in this 'experimental' phase users of the data are cautioned that figures will potentially have a wider degree of uncertainty and be subject to revision.

THEME ONE

What does this data tell us?

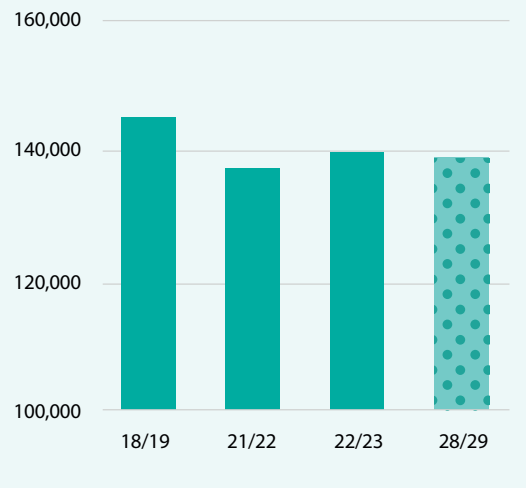
As a system we are looking to identify serious health conditions earlier by inviting people for health checks. Due to the Covid-19 pandemic, these were not reported in 2021/22 so a comparison is not possible.

Across England, the percentage of people taking up their invitation to an NHS Health Check in 2022/23 was 38.9%, whilst across London the figure was 45.6%. The figure for Waltham Forest was 40.5%, and 30.1% for Redbridge, both below the London average. Further work is under way to improve the position.

There were fewer GP and primary care clinician appointments in 2022/23 than the previous year. However, this could be because there was an 89% reduction between 2021/22 and 2022/23 in the number of Covid-19 vaccination appointments at GP practices.

There has been a small increase in the number of people presenting at the 'front door' of the hospital in 2022/23, compared to the previous year.

Attendances for urgent and emergency care at Whipps Cross Hospital



Attendances for urgent or emergency care at Whipps Cross increased by 1.6% between 2021/22 and 2022/23 but overall have fallen 3.8% since 2018/19.

THEME ONE

Theme one of the integrated delivery framework is focused on keeping people healthy to avoid unplanned hospital attendance.

To realise the future ambition, we need to ensure the right pathways of care exist for people to access the appropriate clinicians and services be it primary, community or acute hospital care.

Across both Waltham Forest and Redbridge there is focus on supporting people in their homes and proactively managing their care to prevent them getting worse and needing to attend hospital. This is achieved through early identification of problems and interventions being put in place quickly.

Alongside this 'anticipatory' approach, effective management of long-term conditions (such as diabetes and respiratory conditions) by clinicians in primary care and community services also plays a critical role in preventing unnecessary hospital attendances. This is in line with the wider national approach.

A joined-up approach is central to this way of providing treatment and care. Multidisciplinary teams can include clinicians from Whipps Cross Hospital, GPs, community nurses, mental health teams, occupational therapists and physiotherapists, and social care staff. By working together, it is possible to identify and review the most unwell patients in the community.

The focus is on ensuring care plans are in place to support residents to live well for longer, through proactive case management of those living with the most common long-term conditions in north east London, including diabetes, respiratory problems including COPD, cardiovascular problems including coronary heart disease, and chronic kidney disease.

For example, to aid prevention and increase early detection health check programmes are in place. This is part of an England-wide initiative for adults aged 40-74. Health checks can help spot the risk or early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia and allow clinicians to give advice or refer people on to specialist services.

Examples of the proactive management of health conditions include in Waltham Forest, a community pharmacy blood pressure screening programme and a community anti-coagulation service. Waltham Forest has also implemented the NHS England Diabetes Weight Management Programme to encourage patients to better manage their own condition by introducing self-management plans.

Whilst common approaches are being taken across the Whipps Cross catchment area, services are being tailored to meet the needs of local communities, which may differ from borough to borough and even neighbourhood to neighbourhood. Some of these services are still in their early stages and are being rolled out further over the coming year.



THEME ONE



In Waltham Forest, the Care Closer to Home programme enables the proactive identification of people most at risk of hospital admission and early interventions to support and care for them. This is being used across care homes with staff and residents having increasing access to multi-disciplinary teams enabling more proactive identification of people most at risk of ill-health and putting in place care plans to keep them healthier for longer.

These care homes are seeing fewer A&E attendances, ambulance conveyances, and emergency admissions for their residents compared to 2021/22. More work is now needed to draw direct links between the care being provided and the impact on health outcomes. The service will continue to roll out, involving more care homes, during the coming years. Redbridge has a similar focus on anticipatory care. The Home is Best programme is based on an older resident's journey from being independent to requiring a care home, and how the health and social care system can support someone to

enable them to remain at home. A multidisciplinary approach is taken, with a particular focus on how services can work with GP surgeries to support the coordinated care of frail and older people with multiple long-term conditions. As the programme develops, there will be more proactive home care support to promote independence in the community, as well as supporting care homes with medical appointments.

Redbridge has also invested in a service that assesses and intervenes in ways that supports those people most at risk of a fall. The scheme, which will continue to expand over coming years, is run by North East London NHS Foundation Trust (NELFT) and works alongside a dedicated 'quality and improvement team' that supports care with training, advice, and support.

For residents living in their own homes, a simple assessment and a modification of the home environment, along with the introduction of mobility aids such as walking frames,

can significantly reduce the risk of them falling in a way that could cause injury. This intervention can be a response to a deterioration in a person's mobility caused by a recent illness or increasing frailty. Both Waltham Forest and Redbridge have invested in this service over the past year.

Last year NELFT, through its High Intensity User programme, reviewed the cases of hundreds of patients who had had a recent increased number of presentations to healthcare providers across the system. Any clinician can refer to the programme, who then assess and can prescribe additional services to a care package or refer on to support services in the local community. Data on this area of work will be provided in future annual progress reports.

Alongside the services outlined above, the work of GPs and primary care practitioners is crucial to keeping people healthy to avoid unplanned hospital attendance. There is no national formula or ratio for the number of appointments GPs should provide. Different populations have differing care needs and this care is provided using different staffing models. Practices take differing approaches depending on their circumstances, staff, and population need.

Across Redbridge and Waltham Forest together there were fewer GP and primary care clinician appointments in 2022/23 than the previous year. However, this could be because there was an 89% reduction between 2021/22 and 2022/23 in the number of Covid-19 vaccination appointments at GP practices.

THEME ONE

Through new models of care, Redbridge is working to reduce the number of falls...



THEME TWO

When people need care and treatment

we minimise the need for hospital admission

This section considers the level of improvement in minimising hospital admissions in 2022/23 through the primary metric of non-elective admissions to Whipps Cross Hospital and contributory metrics.

The primary metric of non-elective admissions to Whipps Cross Hospital was chosen as an overall measure of demand for unplanned inpatient care and is linked to the provision of the right care in the right place at the right time.

The data set out below shows not only information about admissions to hospital but also how people are treated when they present at the hospital for urgent and emergency care needs – that is, how the hospital ‘front door’ is organised so that people receive the care appropriate to their needs, which could be in the Emergency Department for more serious illness or injuries, or the Urgent Treatment Centre for less serious illness, or through the Ambulatory Care Unit or new Same Day Emergency Care Unit.

What do we want to know?	Measure	2021/22	2022/23	How have things changed?
The number of people admitted to an inpatient overnight bed in the hospital (Primary metric)	Number of non-elective admissions to Whipps Cross Hospital per year ⁵	26,551	21,918	There were 17.4% fewer non-elective admissions to Whipps Cross Hospital in 2022/23 than in 2021/22
Assurance that the hospital ‘front door’ is ‘managed’ well, with people receiving the right care and treatment in the most appropriate urgent and emergency care setting	‘Type 1 attendances’ as a proportion of all ‘front door’ activity at Whipps Cross Hospital across the whole year ⁶	71.6%	70.8%	Around 70% of all ‘front door’ attendances are seen in the Emergency Department (ie. ‘type 1’), a level that has changed only marginally from 2021/22 to 2022/23.
Assurance that the hospital ‘front door’ is ‘managed’ well, with people receiving the right care and treatment in the most appropriate urgent and emergency care setting	‘Type 3 attendances’ as a proportion of all ‘front door’ activity at Whipps Cross Hospital across the whole year ⁷	28.4%	29.2%	Just under 30% of all ‘front door’ attendances are seen in the Urgent Treatment Centre (previously known as Urgent Care Centre) (ie. ‘type 3’), with a small increase in the proportion in 2022/23
People avoiding the need to come to hospital for a planned outpatient appointment	Number and proportion of ‘virtual’ outpatient appointments, compared to the number of face-to-face appointments, per year at Whipps Cross Hospital ⁸	Total: 352,625 Virtual: 53,365 (15.1%) Face-to-face: 299,260	Total: 358,499 Virtual: 44,780 (12.5%) Face-to-face: 313,719	2022/23 saw an overall increase (1.7%) in the number of outpatient appointments, compared to the previous year, but the number of those delivered ‘virtually’ fell by 16%

⁵ Source: NHS North East London

⁶ Source: Barts Health

⁷ Source: Barts Health

⁸ Source: Barts Health

THEME TWO

What does the data tell us?

The aim to reduce unnecessary hospital admissions appears to be being met. As noted by the Health Foundation⁹ and elsewhere, this is a trend being seen across England. The drivers of this decrease require further investigation, including whether the reductions are likely to be sustained into the future. But given we have not seen a similar reduction in the number of people presenting at Whipps Cross Hospital with urgent and emergency care needs, the trend in emergency admissions could be, for example, because some of those people are now having their needs met appropriately by clinicians without needing to be admitted.

At Whipps Cross, streaming patients into Ambulatory Care or Same Day Emergency Care (SDEC) relieves some of the pressures in the Emergency Department and creating more capacity to provide care for the most unwell patients. By providing more urgent and emergency care on the same day, the hospital can reduce unnecessary admissions and overcrowding in the Emergency Department can be avoided. The ambition is that almost 19,000 people (12% of patients) will be seen via SDEC by 2028/29. We know that almost 14,000 people were treated via Same Day Emergency Care in 2022/23, however more

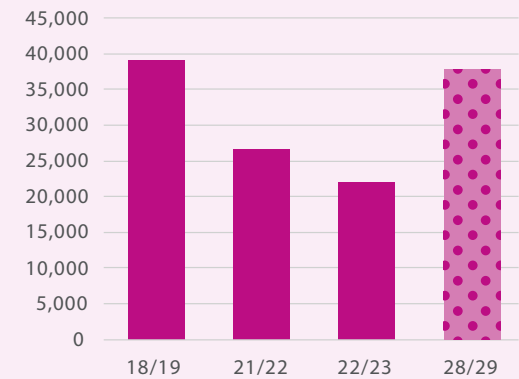


work needs to be done to understand how many of these people were recorded as 'type one' emergency attendances first to avoid double counting.

The number of patients receiving care in the Urgent Treatment Centre is still well below that suggested in the outputs of the modelling, even with a marginal improvement in the proportion in 2022/23. This suggests there remains the potential for creating further capacity through more efficient use of the Urgent Treatment Centre.

More outpatient appointments took place in 2022/23. The ambition for the new hospital is for 50% of outpatient appointments to take place virtually. In 2022/23, only 12.5% of appointments took place virtually.

Non-elective admissions to Whipps Cross Hospital



⁹ <https://www.health.org.uk/publications/long-reads/longer-hospital-stays-and-fewer-admissions>

THEME TWO

Theme two is focused on providing the right care at the right time, by the right clinician and in the right place to minimise the need for hospital admission. Whilst more work needs to be undertaken to understand some of the drivers, the number of non-elective admissions to Whipps Cross Hospital fell by over 17% in 2022/23 compared to the previous year; and the figure is 44% lower than the number of non-elective admissions in 2018/19. This trend is not in line with the modelling undertaken to forecast activity for the new Whipps Cross Hospital. Further analysis is needed to understand the reasons for this lower figure.

For many people who feel unwell, they do not need to go to Whipps Cross Hospital. Instead, for example, they could seek advice from a community pharmacist in the first instance or call NHS 111 – who can, in turn, refer to a number of different pathways such as the Urgent Treatment Centre, or visit their GP, or one of the community GP hubs.

The improvements to both hospital and community-based services are important given the assumptions that have been made about how both the current and new hospital will provide treatment for people in need of urgent and emergency care in the future.

In 2018/19 70% of people who required urgent care and attended the Whipps Cross 'front door' were treated in the Emergency Department. These are the most serious illnesses and injuries, dealt with by the consultant-led team of clinicians. In the same year, 30% of patients were cared for by GPs and nurses in the Urgent Care Centre, which treats people with more minor illnesses and injuries, usually in a much shorter timeframe.

By 2028/29, the modelling for the new hospital set an ambition for 27.5% of people requiring urgent and emergency care to be treated in the Emergency Department, 12.3% via Same Day Emergency Care, and 50.3% through the Urgent Treatment Centre. Remaining patients would be cared for by the Eye Treatment Centre.

Directing people to the right care

NHS 111 is designed to direct people to the right local pathway of care. NHS 111 is the nation-wide number that can be called or accessed online by people in a non-life-threatening situation, to access 24/7 clinical advice from highly-trained advisors, supported by healthcare professionals.

NHS 111 has been complemented locally by the Remote Access Emergency Co-ordination Hub. This service, developed by Barts Health during COVID, enables ambulance crews and NHS 111 operators to access expert clinical advice. The service, staffed by emergency medicine consultants, can facilitate alternative care 'pathways' such as a 'virtual' consultation or a rapid response team to see someone in their own home.



THEME TWO

Community-based services

Urgent community response teams, operating in both Waltham Forest and Redbridge, are crucial community-based services that provide urgent care in people's homes. These services are appropriate for patients who require a less acute intervention and can therefore avoid a trip to Whipps Cross, where they may need to wait much longer to be seen and treated.

These services can also assess ongoing needs and will liaise with other local services and GPs to facilitate actions such as changes to social care plans, medicine reviews and management, rehabilitation, and physiotherapy and occupational therapy.

The 2-hour rapid response service in Waltham Forest has consistently exceeded forecasts for performance and has become an example of best practice for similar services across the country. Providing 24/7 care, the service was used nearly 11,000 times in 2022/23. It responded to 96% of urgent referrals within 2 hours, far higher than the 70% target for England. The Redbridge Community Treatment Team, which operates 8am-10pm, 7 days a week, has similarly exceeded performance forecasts. The service was used 3,836 times in 2022/23, responding to nearly 87% of referrals within 2 hours.

Whilst more work is being done to assess the impact more precisely, the Waltham Forest rapid response service is estimated to have reduced A&E attendances for the cohort of patients seen by the service by around two thirds, whilst the Redbridge response service is estimated to have reduced

A&E attendances for its cohort of patients – albeit a smaller number – by around 85%.

These urgent care response services are complemented by three local Physician Response Units, which operate across Redbridge and Waltham Forest. Operating 11am to 11pm, rapid response vehicles are staffed by an emergency care consultant and a London Ambulance Service paramedic. The service responds to 999 calls, treating patients in their homes who would otherwise have been conveyed to hospital via emergency ambulance.

Whipps Cross Hospital services

The Whipps Cross 'front door' plays a critical role in minimising the need for hospital admission. Key to this is ensuring that someone arriving at the 'front door' of the hospital who requires urgent care is seen by the right clinician. Whilst some services during 2022/23 were still returning to normal following the pandemic, a number of improvements were made at the hospital 'front door' to improve streaming of patients into the right urgent care pathway. There have also been improvements made to make more efficient use of the Urgent Treatment Centre.

In addition to the more traditional Emergency Department pathway and the Urgent Treatment Centre, Whipps Cross continues to develop its ambulatory care pathway. This is an alternative to the Emergency Department, designed for patients who have an urgent care need but can be managed outside of the department by an acute physician and in a

way that can provide faster diagnoses and treatment in one day to reduce unnecessary hospital admission.

During 2022/23 an enhanced ambulatory care pilot was trialled in the hospital, called 'Same Day Emergency Care' (SDEC), which builds on the current Ambulatory Care service. The impact of the pilot is being assessed but the aim is for 13% of people to be treated via these two pathways by 2028/29. Some of these patients will have been referred directly to the SDEC for a planned appointment by their GP.



THEME TWO

The hospital is also working closely with colleagues across Barts Health and the local health and care system to transform outpatient services, so that they can better respond to people's needs, giving them more control over their health.

For example, for patients who have a long-term condition and who manage their condition well, rather than attending the hospital for an appointment every few months or weeks, the hospital is enabling people to book an appointment when they feel it is required rather than at defined intervals. This approach is called Patient Initiated follow up. Following successful trials in some clinical specialties, it is being expanding further.

To streamline and speed up access to specialist advice, an initiative called Advice and Refer is being rolled out to more specialties. Previously GPs had multiple ways to refer a patient to the hospital for a specialist consultation, but in the future there will be a single process. It will allow someone, via their GP, to access specialist advice in fewer than 5 days and ensures the patient is seen in the right care setting.

Virtual appointments are also a key part of transforming outpatient services. A virtual appointment can enable someone to receive medical advice and treatment – and to have follow up consultations with medical professionals – without having to travel to and from Whipps Cross. The appointment could be held over the telephone or by video

call and, for the patient, might take place at home, at work, or at a GP surgery. People will always be given the choice of a virtual or face-to-face appointment.

During the covid-19 pandemic the majority of outpatient appointments took place virtually. The aspiration for the new Whipps Cross Hospital is for 50% of outpatient appointments to take place virtually. In contrast, the proportion of outpatient appointments which took place virtually actually decreased between 2021/22 and 2022/23, to 12.5%.

Unplanned – also known as non-elective – admission to Whipps Cross fell by more than 17% between 2021/22 and 2022/23.




THEME TWO

Waltham Forest rapid response service

Providing urgent care at home to avoid unnecessary hospital admissions


PERSON PROFILE

- Lives alone
- Frequent faller
- Osteo-arthritis
- Total knee replacement five years ago
- Chronic kidney disease
- Cataracts
- Depression




8.05pm

Neighbour called in to check on Mrs X, found her on floor and unable to get up




8.20pm

Neighbour called London Ambulance Service, call referred to Waltham Forest Rapid Response team




8.25pm

Referral accepted by Rapid Response for Multi-disciplinary team input as part of two hour Urgent Community Response to prevent admission to hospital




9.10pm

- Rapid Response nurse attended
- Raiser used to help Mrs X from the floor
- Nurse observed drop in blood pressure but her condition remains stable.



FINDINGS

- Mrs X has poor vision but is aware of surroundings
- Forgets to take her medication and struggles with daily tasks
- Does not have a pendant alarm
- Package of care in place not meeting her needs
- Equipment requirement: Commode, bed lever, new rollator frame, raised sofa and a perching stool for washing and dressing




INTERVENTIONS

Following the holistic assessment by therapy and nursing staff, an urgent increase in package of care to four visits per day and pendant alarm were requested. Relevant Rapid Response staff followed up post equipment delivery, to continue blood pressure monitoring and to review depression.


Referrals made to:

- Age UK-befriending service
- District nurse – input for pressure area assessment and ongoing monitoring
- GP-virtual patient review and blood pressure prescriptions



OUTCOMES

- Patient safe to remain at home with interventions from Multi-disciplinary team across primary, health and social care.
- Patient receiving ongoing rehabilitation from community rehabilitation team
- Positive patient experience
- No conveyance/admission to acute care
- Discharged back to the care of GP



In partnership with NHS North East London, NHS Barts Health Trust, NHS North East London Foundation Trust, London Borough of Waltham Forest and Waltham Forest GP Federation Network

THEME THREE

When people are admitted to Whipps Cross Hospital

provide the best possible care and overall experience and work with partners to minimise unnecessary time spent in a hospital bed

This section focuses on the importance of transforming pathways and services so that those that are admitted to hospital receive the best possible care and their discharge is planned properly so that the time spent in hospital is minimised as much as possible.

The primary metric of average length of stay at Whipps Cross was chosen as it can act as a valuable measure of how the hospital and community-based services work - including in a joined up way - to focus on minimising the time people spend in hospital after unplanned admission.

What do we want to know?	Measure	2021/22	2022/23	How have things changed?
The time people spend in hospital after an unplanned or emergency admission (Primary metric)	Average non-elective length of stay (days) across the year at Whipps Cross Hospital ¹⁰	7.98	9.02	In 2022/23 the average length of stay was 13% longer than it was in 2021/22
The number of people that could not leave hospital after they had been 'discharged' from 'acute' medical care	Average daily number of patients at Whipps Cross Hospital not meeting 'criteria to reside' ¹¹	62.5	89.6	2022/23 saw a 43% rise, from 2021/22, in the average daily number of patients still in Whipps Cross Hospital despite not meeting 'criteria to reside'
The number of people whose discharge from hospital was 'managed' by the Integrated Discharge Hub (IDH)	Number of people discharged via the Whipps Cross Integrated Discharge Hub ¹²	Discharged to Redbridge: 864 Discharged to Waltham Forest: 2,779	Discharged to Redbridge: 970 Discharged to Waltham Forest: 2,879	More people (5.7%) were discharged via the integrated delivery hub in 2022/23 (3,849) than in 2021/22 (3,643).
The time it takes for patients to be discharged from the Integrated Discharge Hub	% of Integrated Discharge Hub patients discharged within 24 or 48 hours ¹³	Within 24 hours: 74.5% Within 48 hours: 82%	Within 24 hours: 69.6% Within 48 hours: 78.2%	In 2022/23, compared to 2021/22, a lower proportion of patients were discharged within 24 and within 48 hours.
The number of people readmitted to Whipps Cross Hospital shortly after being discharged, presenting with the same condition as previously	Number of people with a non-elective admission to Whipps Cross Hospital who are readmitted within 30 days of being discharged and presenting with the same condition as previously ¹⁴	802	674	In 2022/23, 16% fewer people than in 2021/22 were readmitted to Whipps Cross Hospital within 30 days seeking treatment for the same condition
Virtual ward capacity	Number of Virtual beds available ¹⁵	40	40	Virtual ward capacity remained the same in 2022/23 as it was in 2021/22

¹⁰ Source: Barts Health

¹¹ Source: Barts Health

¹² Source: North East London NHS FT

¹³ Source: North East London NHS FT

¹⁴ Source: Barts Health

¹⁵ Source: NHS North East London

THEME THREE

What is the data telling us?

People that are admitted to hospital on average stayed longer in 2022/23 than in the previous year, mirroring a wider national trend¹⁶. This may be directly related to the fall in unplanned admissions to hospital and indicative of it increasingly being only the sickest patients being admitted to hospital for their care and treatment. Taking the two sets of data together, it is clear that there are fewer short stays following admission to an overnight inpatient bed. Understanding the reasons for this in more detail warrants further investigation.

More people were discharged via the Whipps Cross Integrated Hub in 2022/23 than in 2021/22, although a slightly lower proportion were discharged within both 24 and 48 hours.

Virtual ward capacity has been maintained, enabling people to return home safely to complete their treatment and reducing the need to stay in a hospital bed. 'Virtual bed' occupancy was at 92.5% during 2022/23 suggesting sufficient capacity is available.

Less than 700 people were readmitted within 30 days for treatment of the same condition during 2022/23, a decrease of 16% on the previous year. These are often the most complex patients and may demonstrate that the system is better managing the discharge process and onward care of these patients preventing them being readmitted.

Across the local health and care system there is a focus on ensuring that patients are discharged from hospital safely. Not all patients can be discharged home from hospital for a short period of recuperation before returning to their normal lives. Some patients will need support when discharged, either to their own homes or to a more appropriate setting in the community. In addition to enabling them to continue receiving high-quality care and treatment in familiar surroundings, this approach also frees up hospital beds for other unwell people.

Hospital and community-based teams proactively visit wards to identify patients who can safely leave the hospital and be more appropriately cared for at home. This means assessing someone and agreeing the services that are required for them to receive care at home. All hospitals are required to monitor this area, which is measured by how many patients have a 'criteria to reside'.



Virtual ward capacity has been maintained, enabling people to return home safely to complete their treatment and reducing the need to stay in a hospital bed.

¹⁶ <https://www.health.org.uk/publications/long-reads/longer-hospital-stays-and-fewer-admissions>

THEME THREE

In short, 'criteria to reside' determines that the acute hospital remains the right place for people to stay until they are well enough to be discharged (ie. until they no longer meet the 'criteria to reside'). Examples of 'criteria to reside' include if someone requires oxygen therapy or intravenous fluids, has undergone lower limb surgery within 48 hours, or is within 24 hours of an invasive procedure. The average daily number of patients without 'criteria to reside' increased in 2022/23 compared to the year before.

The Whipps Cross Integrated Discharge Hub (IDH) operates from 8am to 8pm, 7 days a week. The team includes administrative referral co-ordinators, occupational therapists, and rehabilitation assistants.

The aim of the IDH is to ensure that people going home from hospital who need ongoing care have the right support in place. The IDH supported 5% more people in 2022/23 than in 2021/22. It also maintained a steady performance on the proportion of patients discharged within 24 or 48 hours, which could vary largely in number week on week.

That support can include a 'virtual ward'. A virtual ward enables someone to be discharged from a hospital to their own home to complete a course of treatment when, previously, they would have remained an inpatient, for example to complete a course of medication or therapy. Support for people on a virtual ward can include remote monitoring using apps and other digital technology, and medical devices such as pulse oximeters. Support may also

involve face-to-face care from multi-disciplinary teams based in the community.

For those patients who require more support when they leave hospital but who do not need a long-term care package, the Bridging Care Service can be deployed. The service brings together a team including therapists, GPs, nurses, social workers and social care assistants to enable someone to remain comfortable and safe in their own home.

In both Waltham Forest and Redbridge, additional reablement and rehabilitation services are provided. For example, in Redbridge 17 inpatient rehabilitation beds and an intensive Reablement service are provided, which includes up to 21 days of daily rehabilitation at home, overseen by a consultant.

When someone is discharged from hospital a key aim is to avoid them needing to be readmitted to hospital. In 2022/23, fewer people than in the previous year were readmitted within 30 days seeking treatment for the same condition. Whilst this downward trend is encouraging, this remains a significant number and, potentially, there are a number of reasons underlying it, which will continue to be a focus for local health and care organisations.

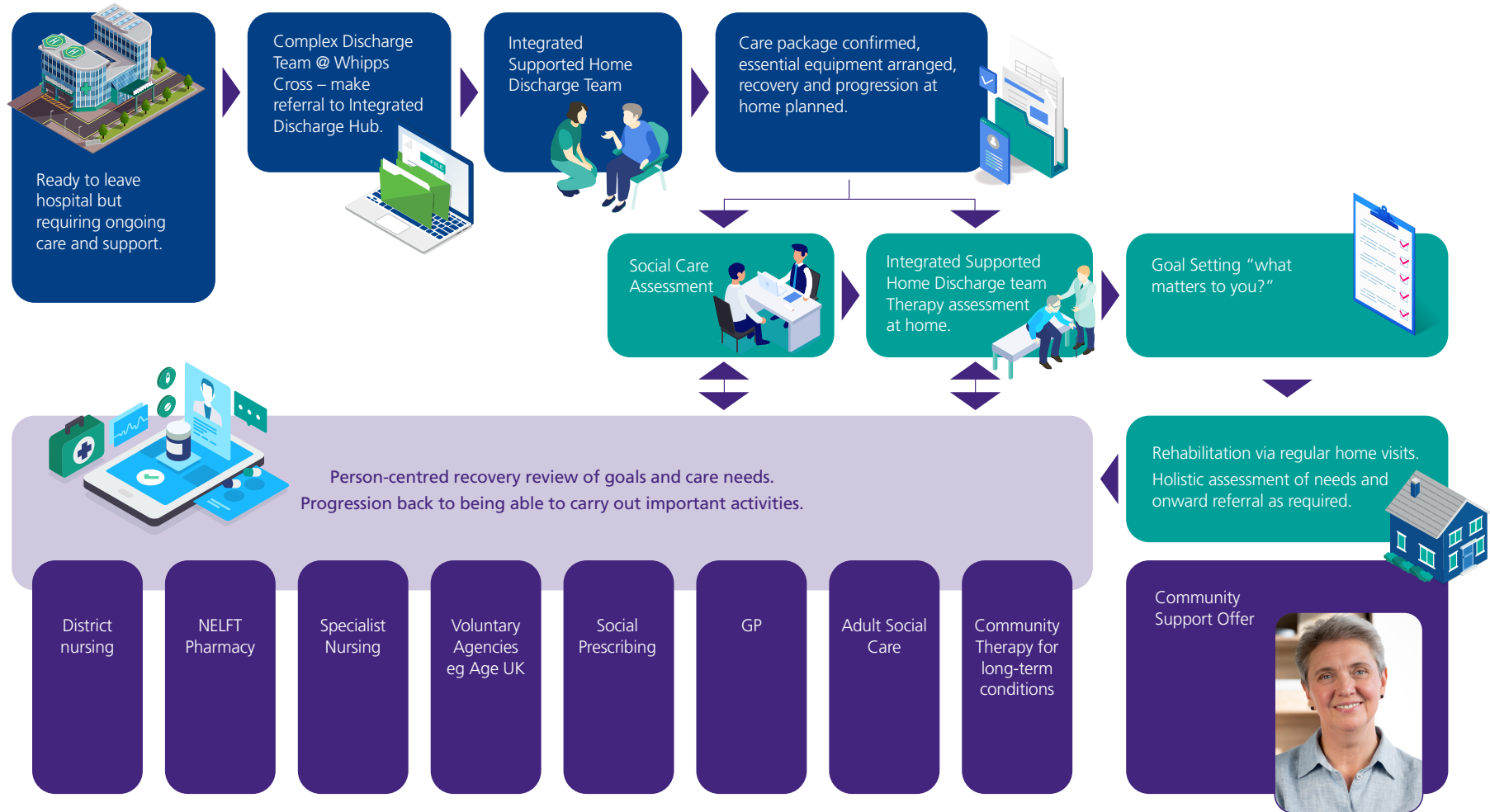
In addition to monitoring the above services using quantitative measures, work will also be undertaken to understand better the outcomes, structures and processes underpinning post-hospital care. For example, organisations

across Waltham Forest will be reviewing the 'community discharge tracker' to look at the main causes of readmissions to hospital and then using wider data – possibly including surveys of residents – to identify if some readmissions could have been avoided. From this work, services will be able to identify what steps could be taken to reduce readmissions, including how the pre-discharge and discharge processes themselves can be further improved.



THEME THREE

Typical journey of a Waltham Forest Resident leaving hospital with new care and support needs



Workforce

The NHS Long-Term Plan recognises that the performance of any healthcare system depends on its people. To address this, the first comprehensive workforce plan¹⁷ for the NHS has been put in place. It focuses on improving patient care by retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.



In line with these national level plans, the IDF recognises recruitment, retention and training as being a key enabler of service improvement and the delivery of service transformation.

Organisations are ensuring that they keep current staff by ensuring there is the right culture with a focus on inclusion and diversity. An important part of staff retention is also ensuring that we deliver on our wellbeing strategies and support flexible working. It is vital that we also invest in our people through education and training for example. There is also recognition that we need to work differently to transform care, which involves collaborating as a system to develop shared workforce plans and structures. We are also focusing on being innovative in our recruitment and taking advantage of opportunities, such as championing international recruitment – particularly nurses.

The Whipps Cross Redevelopment Programme team is working with the national New Hospital Programme workforce team to share and learn from best practice and nationwide approaches, to help make sure there are the skills and capabilities in the right places at the right time.

¹⁷ <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

Key workforce metrics

The “fill rate” for frontline community and Whipps Cross Hospital staffing is the proportion of posts occupied by a substantive member of staff – it is the opposite of the vacancy rate. GP workforce levels are measured by how many GPs there are for every 100,000 people.

	2021/22	2022/23	How have things changed?
Frontline community staffing fill rate ¹⁸	84.78%	85.24%	There has been an increase in the ‘fill rate’
GP workforce ¹⁹	<ul style="list-style-type: none"> Redbridge: 44.05 GPs per 100,000 people Waltham Forest: 50.69 GPs per 100,000 people (London: 50.61, England: 57.09)	<ul style="list-style-type: none"> Redbridge: 43.48 GPs per 100,000 people Waltham Forest: 48.29 GPs per 100,000 people (London: 49.76, England: 58.95)	<p>The number of GPs per 100,000 has fallen slightly in both Redbridge and Waltham Forest.</p> <p>The number of GPs per 100,000 has also fallen across London over the same period.</p>
Hospital staffing fill rate ²⁰	Average monthly fill rate: 86.7%	Average monthly fill rate: 87.2%	There has been an increase in the average monthly ‘fill rate’ from 21/22 to 22/23.

¹⁸ Source: North East London NHS FT

¹⁹ Source: NHS North East London

²⁰ Source: Barts Health

Across the integrated care system, organisations are investing in their workforce through funding for both recruitment and training. The hospital and community-based service providers have agreed People Plans, which are in line with the overarching North East London Integrated Care System’s People Plan -which includes Primary Care. Common themes within these plans are wellbeing, diversity, and inclusion.

Whipps Cross Hospital’s ‘Drive for 95’ plan aims to achieve a 95% fill rate across all departments, despite challenges in certain specialist areas. A ‘fill rate’ for the hospital of 95% is ambitious but realistic. The average monthly fill rate increased from 86.7% in 2021/22 to 87.2% in 2022/23.

The fill rate of around 85% for frontline community staffing is exceeding North East London NHS FT’s local target of 80%.

For primary care, the number of GPs in Waltham Forest and Redbridge is below the London average and well below the average across England. This points to the importance of an enhanced focus on recruiting more GPs and retaining those already in the local healthcare system.

Future focus: Integrated Delivery Framework 2023/24 annual plan

Between now and the end of the decade, the “integrated delivery framework” will continue to be a core part of charting the progress of key service transformation programmes and the journey to the new Whipps Cross Hospital. Monitoring progress will support both the delivery of system-wide change to provide better outcomes for people and to ensure - through continual evaluation of progress and its impact - that the new hospital meets the needs of future generations.

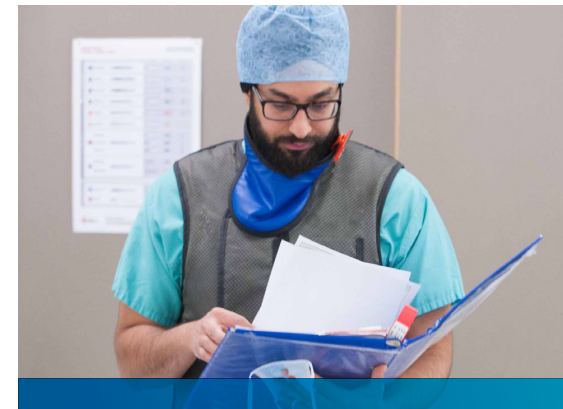
Whilst it is clear that some progress has been made across the three themes of the integrated delivery framework, there is more to do. We have set out our ambition in a plan of priorities for 2023/24. The plan reflects the need for us to deliver, implement and embed programmes of activity, ensuring that the plans for the new Whipps Cross Hospital are aligned to the outcomes of these programmes.

Across the three themes our priorities are outlined below. We will monitor and manage our priorities regularly by using and analysing real time data alongside the insight and intelligence of partners across the health and care system:

- **Long Term Conditions:** Ensure we offer better care and proactive case management to those living with the four most common long-term conditions in north east London (diabetes, respiratory problems, cardiovascular, and chronic kidney disease).
- **Multidisciplinary Teams:** Ensuring those with complex needs get the best care possible at home or in care homes.
- **Falls:** Reduce the number of falls.

- **Urgent Care Response:** Provide urgent care to people in their homes to help avoid hospital admissions and enable people to live independently for longer.
- **Alternative Urgent Care:** Reducing pressure on the hospital's Emergency Department and make sure people are seen by the right clinician at the right time in the right place.
- **Emergency Department Flow:** Reduce congestion in the hospital's Emergency Department through reducing the time people wait to be seen and then admitted or discharged, thereby improving their experience of the care they have received.
- **Outpatients:** Increase capacity and reduce delays
- **Discharge:** Ensure patients are discharged safely to their own home or other more appropriate setting once they have recovered from the acute phase of their illness and enable them to continue their recovery in a safe environment.
- **Virtual Wards:** Promote care at home and independence.
- **Escalation processes:** How the hospital manages periods of extreme pressure, such as long waits in the Emergency Department or a shortage of empty beds, and how other areas such as primary care and social care will work together and with the hospital to help to relieve these pressures.

We recognise the importance of looking beyond 2023/24 and we will continue to refine and develop our plans, across the local health and care system, to ensure the new Whipps Cross Hospital is the right size and fit for the purpose of providing high quality healthcare for the local population it serves for many decades to come.



Glossary of terms

Integrated care system – an ICS is the partnership of health and care organisations across a geographical area that come together to plan and deliver joined up health and care services, to improve the lives of people who live and work in their area. Whipps Cross Hospital as part of Barts Health NHS Trust is part of the North East London Integrated Care System, alongside: Homerton University Hospital NHS Trust; Barking, Havering and Redbridge University Hospitals NHS Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust; and seven ‘places’ all based on the seven London boroughs in north east London.

An NHS ‘place’ – Within each ICS, place-based partnerships lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. The ‘places’ local to Whipps Cross Hospital are Redbridge, Waltham Forest and West Essex.

Unplanned hospital attendance – this is usually where someone attends the hospital in need of urgent and emergency care. This could be because of an injury, a sudden illness, or a health crisis brought on by one or more long-term condition.

High-intensity user – this is someone who regularly calls an ambulance or attends A&E. These are often vulnerable patients, who may be experiencing a combination of physical health conditions, substance misuse, depression, anxiety, abuse, financial problems, or homelessness.

Hospital ‘front door’ – This is the term given to the route patients take either on their own or via an emergency ambulance to seek treatment for an emergency or urgent care need. Once at the hospital, they will be assessed by a clinician who will decide what department they go to – options include the Emergency Department (ED) and Urgent Treatment Centre (UTC).

Urgent Treatment Centre – An urgent care department which sees patients with less acute conditions such as minor injuries.

Triage – the preliminary assessment of patients to determine the urgency of their need for treatment and the nature of treatment required

Non-elective admission – this is an emergency, unplanned admission to a hospital.

Non-zero length of stay – this describes the amount of days someone spends as an inpatient in a hospital bed, if they are not discharged on the same day as they attend hospital.

Primary care appointment capacity – this includes not only appointments with GPs, but also other clinicians such as nurses and physician associates.

Integrated discharge hub – This is a group of clinicians and staff who help assess the need and co-ordinate the discharge of patients requiring ongoing care and support on discharge from hospital.

Virtual ward – This is a list of patients who remain under the close care and supervision of a clinician or group of clinicians upon discharge from hospital. A virtual ward enables someone to be discharged home to complete a course of treatment where traditionally they would have remained an inpatient, for example to complete a course of medication or therapy. Support can include remote monitoring using apps, technology platforms and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community.

Criteria to reside – A list of conditions or measures that require a patient to stay in hospital. It is a national requirement to highlight the number of patients who do not meet the criteria to reside, meaning they could be cared for either at home or in a different care setting.

Type 1 emergency department – this is the Emergency Department - what most people might traditionally think of as an A&E service. This department provides a consultant-led 24-hour service with full facilities for resuscitating patients, for example patients in cardiac arrest. This is for the most acutely unwell patients who need timely treatment and care.

Type 3 emergency department – this service – usually an Urgent Treatment Centre – treats minor injuries and illnesses, such as stomach aches, cuts and bruises, some fractures and lacerations, and infections or rashes.

Type 5 emergency department – this service complements the type 1 service and provides same day emergency care or ambulatory care for patients who are less acutely unwell or can be managed by a speciality clinician without needing emergency treatment straight away.

CT scan – a computerised tomography (CT) scan uses x-rays and a computer to create detailed images of the inside of the body to diagnose conditions and to guide further tests or treatments.

MRI scan – magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. An MRI scan can help diagnose conditions, plan treatments, and assess how effective previous treatments have been.

Primary care clinician – this could refer to roles such as a GP practice nurse, physician associate, dietician, or pharmacist.

Health check – The NHS Health Check is a check-up for adults in England aged 40 to 74. It can help spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.

Anticipatory care – Anticipatory Care is proactive healthcare and support, targeted at people of all ages living with frailty, multiple long-term conditions and/or complex needs to help them stay independent and healthy for as long as possible at home, in the place they call home or in their local community. It focuses on providing support based on what is important to the individual.

Urgent community response service – Urgent community response teams provide urgent care to people in their homes, which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well fed and hydrated.

Physician response unit – The Physician Response Unit (PRU) is a collaboration between Barts Health NHS Trust, London's Air Ambulance, and the London Ambulance Service. It is staffed by a senior emergency medicine doctor and an ambulance clinician, and carries advanced medication, equipment and treatments usually only found in hospital. The service responds to 999 calls, treating patients in their homes who otherwise would often require an ambulance transfer to hospital.



futurewhipps.bartshealth.nhs.uk

futurewhipps.bartshealth@nhs.net

#futurewhipps

Report to the Trust Board: 13 September 2023	TB 57/23
---	-----------------

Title	Overseas Visitors Annual Report
Accountable Director	Group Director of Inclusion
Author(s)	Deputy Chief Financial Officer, Operational Finance
Purpose	To provide an annual report on implementation of NHS (Charges to Overseas) Regulations 2015
Previously considered by	-

Executive summary

This paper provides an update on the Trust's implementation of the national guidance in relation to overseas visitors. Charging is a sensitive issue and the Trust is committed to being transparent, fair and equitable to patients and staff in fulfilling our statutory obligations. This report outlines activities in the last year to support this objective.

Related Trust objectives

SO1 - Safe and Compassionate Care

Risk and Assurance	This report provides assurance in relation to the above objective.
Related Assurance Framework entries	-

Legal implications/ regulatory requirements	National Health Services (Charges to Overseas Visitors) Regulations 2015 and related DHSC guidance
--	--

Action required

The Trust Board is asked to approve the annual report.

BARTS HEALTH NHS TRUST

REPORT TO THE TRUST BOARD: 13 SEPTEMBER 2023

ANNUAL UPDATE ON OVERSEAS VISITORS

INTRODUCTION

1. This paper provides an update on the Trust's implementation of the national guidance and regulations in relation to overseas visitors.
2. Like all NHS trusts, Barts Health has a legal duty to recover costs from patients who are not entitled to NHS treatment.
3. The Trust uses the Department of Health and Social Care document "Guidance on Implementing the Overseas Visitor Charging Regulations" to support fulfilment of its legal obligations.
4. We take pride in providing quality care for all our patients, and do not want to deter anyone from seeking treatment.
5. Patients who need care that is deemed urgent or immediately necessary by our clinicians - including all maternity care - will always be provided with prompt treatment, even if a patient indicates that they cannot afford to pay. However, treatment is not necessarily free of charge simply by virtue of being provided on an immediately necessary or urgent basis.
6. National guidance also responds to national public health issues. Current charging exemptions include the diagnosis and treatment of Covid-19 and more recently Monkeypox to protect the wider public health.
7. We are committed to ensuring our hospitals are consistent, clear and equitable in applying the national eligibility and charging rules around overseas visitors.

PROVIDING SAFE, EQUITABLE AND ACCOUNTABLE CARE TO PATIENTS

8. National guidance and regulations stipulate that patients must be "ordinarily resident" in the United Kingdom(UK) to qualify for free NHS-funded hospital care. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries outside the UK who have indefinite leave to remain in the UK are eligible for free NHS care, but many British nationals who now live overseas may not be.
9. Any patient not entitled to free care must be charged for treatment they receive unless a medical or service exemption applies. Where charges apply, the Trust cannot waive the fees in whole or part.

10. With effect from October 2017, the Trust has a legal duty to recover the costs of clinically routine treatment from patients before treatment is given.

Caring for people in their time of need

A gentleman visiting the UK on holiday from Germany was taken ill and attended A&E. He did not have a European Health Insurance card, but confirmed that he had private health insurance in place.

The Overseas Visitors Team provided the patient with estimated costs for his treatment and supported him to liaise with his insurance provider. The insurance provider then arranged a medical escort to ensure his safe return home.

The Overseas Visitors Team contacted the patient when he was safely home and supported him through the insurance claims process. The insurance company settled the invoice in full.

WORKING WITH OUR COMMUNITIES

11. We work closely with patients and their advocates to understand their concerns and share information about how we apply the regulations. We continue to use their feedback to inform our approach which includes;

12. Offering specialist advice and support to colleagues and their patients including colleague/team training.

13. Working with NHS England, local trusts and other partners to improve the support and services we offer in this area and to agree best practice to develop a consistent approach.

PROVIDING A HIGH QUALITY SERVICE TO THE TRUST AND OUR PATIENTS

14. We have a well-established and experienced Overseas Visitors Team. It provides information and support to patients to help them understand their and our obligations around entitlement and payment.

15. Several of the team are multi-lingual. In addition the team can draw on the language skills of our Advocacy Service to help communicate with patients whose first language is not English.

16. Patients can contact the Overseas Visitors Team directly or via the Patient Advice and Liaison Service (PALS). Further information, including how patients can access guidance and support, is available on the Trust website.

17. The Overseas Visitors Team attend national seminars to keep their knowledge up to date and share best practice. This enables us to ensure changes in national guidance and regulations are deployed on a timely basis and the team can provide clarity on

eligibility to all our patients. The seminars also enable the Trust to provide feedback on our operational experience with national guidance to support its future development.

18. To deepen their understanding of our local communities the Overseas Visitors Team have attended the Trust's Cultural Intelligence Programme. We were particularly pleased to have had the opportunity to work with the London Borough of Tower Hamlets Violence Against Women and Girls (VAWG) and Hate Crime Team during the year. The training they have provided has given a greater understanding of the issues faced within our communities. Several of our team have become VAWG champions through the programme.

Providing care to pregnant women

A woman self-referred for maternity care in her final trimester and confirmed they were a visitor from a non-EEA country.

The Overseas Visitors Team made contact with the woman to inform her she may be required to pay for her NHS care for the final trimester.

The woman was advised by the Overseas Visitors Team of the importance of attending all her planned appointments to protect her health and that of her unborn child. The woman continued to attend her appointments and delivered her baby safely in our hospital.

She paid for her care promptly and was appreciative of the care and support she received.

TREATING PATIENTS WITH CARE AND COMPASSION

19. We recognise that charging is a sensitive issue and are committed to being transparent, fair and equitable to patients and staff in fulfilling our statutory obligations.

20. We listen to the views of our patients and engage with the community to address their concerns in order to provide the best possible care.

21. Early engagement with our patients offers greater scope to give reassurance and support on eligibility for NHS hospital treatment.

22. As we move forward from the pandemic the Overseas Visitors Team have continued to pro-actively engage and support individuals to check their eligibility for NHS hospital treatment by telephone and on site. Experience has shown that reaching out proactively to patients and being able to answer their queries informally continues to improve relationships.

23. We continue to identify effective and innovative ways of working, consolidating our administrative processes and adopting best practice as part of an ongoing programme aimed at improving our effectiveness. Sending someone a bill for treatment remains an action of last resort, in those cases where we are either sure the individual is

not eligible for free treatment or (despite our best efforts) have been unable to ascertain their status.

24. During the year we made changes to our Credit Control processes for maternity patients. After initial discussions with a patient, credit control protocols including the chasing of outstanding debt do not commence until after delivery, in line with best practice.

25. Patients are offered the option of staged payment plans to spread out the cost of care following an assessment of their income and expenditure. Payment plans are tailored to individuals to ensure affordability.

26. Our Notice of Charge process has continued to have a positive impact on the timeliness of response from our patients which enables us to conclude our enquiries more quickly.

Providing care to people seeking asylum

A parent and child attended A&E for urgent treatment. We identified that they were visitors from a non-EEA country.

The parent confirmed they were an asylum seeker, which was confirmed with the Home Office. However, the child was not recognised as an asylum seeker by the Home Office, and as such would be liable for charges.

As the care required was urgent, both patients were provided with treatment immediately. The clinical team also reiterated that follow-on appointments should be attended so that care can be provided.

The Overseas Visitors Team also provided information to the parent and she subsequently progressed an application for asylum with the Home Office for their child. The team maintained contact with the parent to ensure they received the care they needed, and to be kept informed on updates to their child's application with the Home Office.

FINANCIAL INFORMATION ON OVERSEAS PATIENTS CHARGES IN 2022/23 AND COMPARISON WITH 2021/22

27. The number of chargeable patients and the cash recovered from individual overseas patients increased in 2022/23. Cash recovered from individual overseas patients remains below pre pandemic levels.

28. We pro-actively evaluate waiting list information, which leads to earlier patient contact to establish eligibility to free NHS hospital care. Using technology to identify patients in real time facilitates timely contact, greatly reducing the need for follow up enquiries. Effective use of ICT systems like NHS Spine and Trust patient notes also supports us in assessing chargeable status. Patients/their advocates are given several

opportunities to engage with us and demonstrate their eligibility before any invoices are sent.

29. However, if evidence is not received within a reasonable period, we are obliged to send an invoice. If subsequent evidence is then provided, that invoice will be cancelled.

30. Of the 1,384 patients invoiced in 2022/23, 81 patients had their invoices cancelled when the patient subsequently produced documentation that proved their eligibility to free NHS hospital treatment. This was a similar figure to 2021/22.

31. The following tables show overseas patients invoiced in 2022/23 and 2021/22 and show the ethnicity of invoiced overseas patients

Patients invoiced in 2022/23

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	511	388	370
Royal London	640	485	446
St Bartholomews	213	167	213
Whipps Cross	399	344	168
Total for overseas patients	1,763	1,384	1197
Payments received under EU reciprocal schemes			67
Total			1263

Patients invoiced in 2021/22

Sites	Number of invoices	Number of patients invoiced	Payments received £000s
Newham	399	335	312
Royal London	497	390	148
St Bartholomews	134	122	106
Whipps Cross	258	242	91
Total for overseas patients	1,288	1,089	657
Payments received under EU reciprocal schemes			46
Total			703

Note: Payments received may relate to invoices raised in previous years.

Overseas receipts may not agree to the figures stated in the accounts due to differing categorisation of the values received under the EU reciprocal schemes.

Ethnicity of overseas patients invoiced in 2022/23 and 2021/22

	2022/23	2021/22
Any other ethnic group	118	98
Asian	506	322
Black (African, Caribbean and any other Black)	189	143
Mixed background	18	24
Not known or Not stated	197	180
White	356	322
Total	1384	1089

Note: Ethnicity data has been taken from the Trust patient administration systems

Gender of overseas patients invoiced in 2022/23

Sites	Female	Male	Unspecified	Number of patients invoiced
NUH	264	124		388
RLH	257	226	2	485
SBH	64	103		167
WXH	215	128	1	344
Grand Total	800	581	3	1384

Note: Gender data has been taken from the Trust patient administration system

Report to the Trust Board: 13 September 2023	TB 58/23
---	-----------------

Title	Research & Development Yearly Report
Accountable Director	Alistair Chesser
Author(s)	Gerry Leonard, Rupert Pearce
Purpose	Progress against the research strategy
Previously considered by	Quality Board

Executive summary

The Pandemic continued to have an impact on our research programmes and strategic objectives in 2022/23, as has the enormous pressures the Trust faced over the winter period. However, by implementing a programme of refreshing and re-invigorating our research activities throughout the year and adopting flexible approaches to front-line delivery, we have largely mitigated adverse impacts on our research portfolio. Although our recruitment to NIHR portfolio studies was 23% below our target, it reflects a national trend in UK patient recruitment to trials but Barts Health is still in the top ten recruiters in the UK and the highest recruiting Trust in our regional Network. The estimated total number of patients actively involved in our research studies and trials, whether in treatment modalities or tissue donation and participating in questionnaire studies is 30,000.

The Trust's research income for the year was approximately £30m exceeding its target by 4%. This is a significant result given that we are still feeling the impact of the Pandemic on our activities. Commercial income was particularly good at £11.1m, 21% above our target for the year.

On the back of our successful application for an NIHR Clinical Research Facility award, we applied and were successful, in winning a major grant from the Barts Charity to refurbish an area on the 15th floor of the Royal London Hospital, for a state-of-the-art facility that will provide a step change in our capacity to house leading-edge research and clinical trials at Barts Health. The award is for £14m and is the centre point of the Charity's 900th fundraising campaign.

The Trust was also successful in its NIHR Biomedical Research Centre Application with an award of £20.9m over the next five-year grant cycle. The previous award was for £6.2m so the award represents a threefold increase in funding, one of the best results in the UK. This award highlights our partnership with our prime collaborator, Queen Mary University of London and the strength in depth research that exists in our organisations.

Our Research Engagement team has been particularly active this year and has worked on some key national and local initiatives, attracting additional funding from the NIHR to support their work in reaching our underserved communities.

Overall our performance under difficult circumstances this year was good and both our non-commercial, largely grant-funded activity and our commercial research programmes are strong and producing excellent outcomes for our patients

Related Trust objectives
World leading research and high-quality education and training

Risk and Assurance	This report provides assurance in relation to BAF entry 15. <i>Reductions to research funding and capital impacts on delivery of key elements of the research strategy, including progressing lifesciences, clinical research facility and centre for healthy ageing initiatives.</i>
---------------------------	---

Legal implications/ regulatory requirements	No specific requirement
--	-------------------------

Action required
The Trust Board is asked to note and approve the yearly report



R&D ANNUAL REPORT 2022/23

www.jrmo.org.uk

www.bartshealth.nhs.net/takepart

TABLE OF CONTENTS

Executive summary	5
Introduction	6
Research Impact Stories	7
Performance against Objectives 2022/ 2023	10
Research Infrastructure	17
Forward Objectives	21
Appendices	
1: Key Performance Indicators: Outturn by Clinical Boards 2022/23	25

EXECUTIVE SUMMARY

The Pandemic continued to have an impact on our research programmes and strategic objectives in 2022/23, as has the enormous pressures the Trust faced over the winter period. However, by implementing a programme of refreshing and re-invigorating our research activities throughout the year and adopting flexible approaches to front-line delivery, we have largely mitigated adverse impacts on our research portfolio. Although our recruitment to NIHR portfolio studies was 23% below our target, it reflects a national trend in UK patient recruitment to trials but Barts Health is still in the top ten recruiters in the UK and the highest recruiting Trust in our regional Network. The estimated total number of patients actively involved in our research studies and trials, whether in treatment modalities or tissue donation and participating in questionnaire studies is 30,000.

The Trust's research income for the year was approximately £30m exceeding its target by 4%. This is a significant result given that we are still feeling the impact of the Pandemic on our activities. Commercial income was particularly good at £11.1m, 21% above our target for the year.

On the back of our successful application for an NIHR Clinical Research Facility award, we applied and were successful, in winning a major grant from the Barts Charity to refurbish an area on the 15th floor of the Royal London Hospital, for a state-of-the-art facility that will provide a step change in our capacity to house leading-edge research and clinical trials at Barts Health. The award is for £14m and is the centre point of the Charity's 900th fundraising campaign.

The Trust was also successful in its NIHR Biomedical Research Centre Application with an award of £20.9m over the next five-year grant cycle. The previous award was for £6.2m so the award represents a threefold increase in funding, one of the best results in the UK. This award highlights our partnership with our prime collaborator, Queen Mary University of London and the strength in depth research that exists in our organisations.

Our Research Engagement team has been particularly active this year and has worked on some key national and local initiatives, attracting additional funding from the NIHR to support their work in reaching our underserved communities.

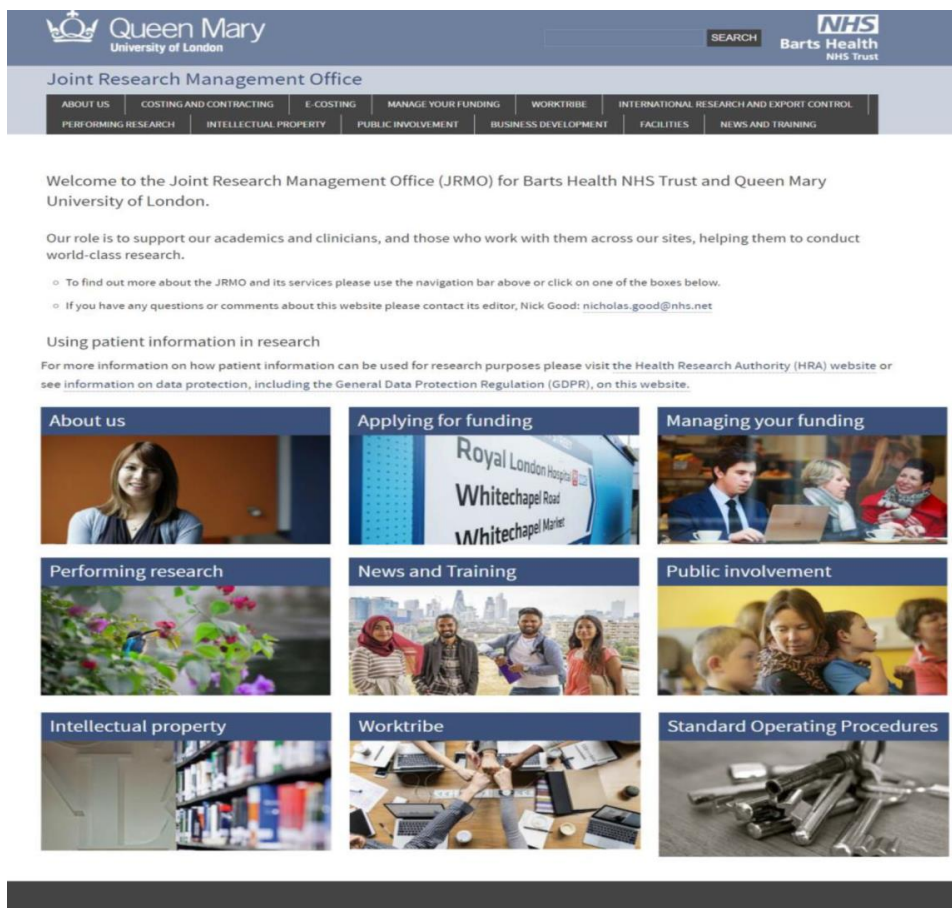
Overall our performance under difficult circumstances this year was good and both our non-commercial, largely grant-funded activity and our commercial research programmes are strong and producing excellent outcomes for our patients.



INTRODUCTION

The Trust set a challenging set of objectives for this year, taking into account the continuing impact of the Covid-19 Pandemic and the anticipated pressures that we expected to face in the coming winter period. As expected, the winter pressures were extreme and did impact our research activities. For example, the Clinical Research Facility at the Royal London was closed for much of the year and handed over to our Renal colleagues to help them manage their dialysis patients. By making flexible use of our facilities at Whipps Cross and other research spaces in the Trust and Queen Mary, the impact was to a degree mitigated. Overall our performance under difficult circumstances this year was good and both our non-commercial, largely grant-funded activity and commercial research programmes are in a strong position and producing excellent outcomes for our patients.

Again this year we have selected a few research impact stories that help illustrate the type of leading-edge research the Trust is conducting. This represents only a small sample of the many research projects, in a wide range of specialties, that our patients have access to.



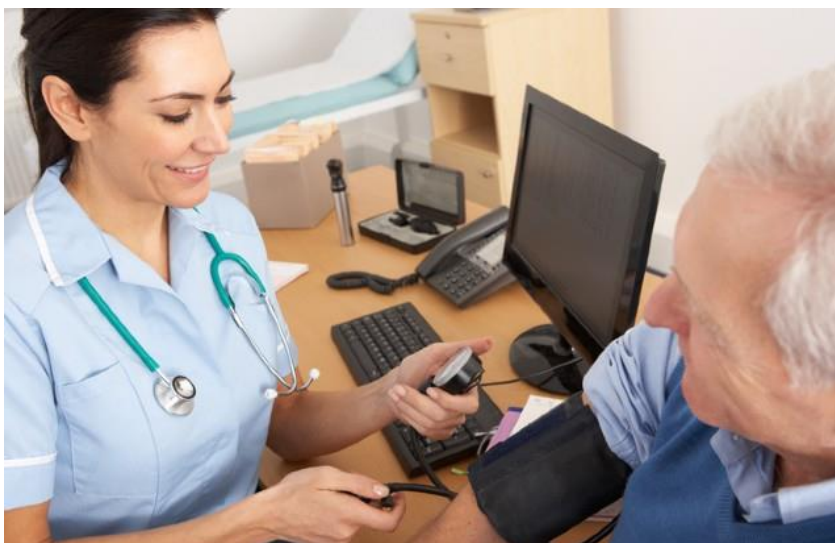
RESEARCH IMPACT STORIES

Trial of world's first long-acting injection for high blood pressure

Researchers at Barts Health have been trialling an investigational medication for high blood pressure (hypertension) since spring 2022. The medication, Zilebesiran, is injected every 6 months under supervision. This is a world-first first and could change how high blood pressure is treated.

Barts Health is the lead site for the NIHR-funded trial that will run for about three years led by Dr Manish Saxena. Untreated, high blood pressure considerably increases the risk of heart attacks and strokes. It is one of the most common conditions among adults in the UK. Roughly a third of adults suffer from it in the UK. Key risk factors include being overweight, a poor diet with excess salt and not enough fruit and vegetables, along with smoking and a lack of exercise.

Providing a wider choice of treatment options to patients will be beneficial as half of people with high blood pressure are not diagnosed or receiving treatment, according to the British Heart Foundation.



Nasal spray can prevent Covid-19

Results from a clinical trial led by Barts Health and Queen Mary showed that a nasal spray (pHOXWELL) can reduce infection with SARS-CoV-2 (the virus that causes Covid-19) by 62%.

After 45 days use 13% of those in the group that used it had antibodies against the Covid-19 virus, compared to 35% in the group who received the placebo. Using pHOXWELL dramatically reduced the chances of developing Covid-19.

The researchers also found that people who used the nasal spray were less likely to experience symptoms than those given the placebo. No serious side effects were reported in either group and participants noted that the nasal spray was easy to use.



Prof Rakesh Uppal, Director of Barts Life Sciences said: “pHOXWELL presents a significant breakthrough in preventing people developing Covid-19. We now have an effective tool, previously missing, to fight this virus, and is designed to offer extra protection against Covid-19, in addition to vaccines, face masks and washing our hands. I’m immensely proud of everyone involved in this trial and am extremely grateful to the participants who gave their time to be involved.”

The researchers expect that the treatment will be of particular use in areas where vaccination rates remain low and there is a shortage of personal protective equipment for those who need it, such as frontline healthcare workers.

NMAHP Emergency Care and Trauma research growth

The Barts Health Emergency Medicine Research team has been in place for a decade now, supporting the delivery of NIHR Research and developing its own research themes.

There are currently two nurses completing PhDs within the Emergency Care and Trauma group, two of which are senior nurses within the Research team, and one former ED matron, now the lead nurse for violence reduction. The local research strategy has focused on workforce development, including NMAHP’s as researchers. Research nurses often work split roles, within the research delivery team and in the emergency department. Team members are supported to undertake further academic development, completing courses such as Masters in Clinical Research, MSc Trauma science, MSc Leading Clinical Research delivery.

Last year the Barts Emergency Medicine Research team scooped an NIHR/ Royal College of Emergency Medicine award for their ‘outstanding contribution to research’. In addition, nurses presented work at the International Conference on Emergency Medicine, in the Netherlands and the Royal College of Emergency Medicine Annual Scientific conference in 2022. Highlights included:

- “The positives, the challenges and the impact; an exploration of early career nurses experiences in the Emergency Department” – a qualitative project designed and conducted by the research nurses;
- Automating observational trial abstraction in the Emergency Department - working smarter not harder – creation of a novel approach for data collection for a study by writing code that automates inclusion and CRF completion; and
- Exploration of asthma related health beliefs and behaviours in the Emergency Department - a qualitative project designed and conducted as part of a PhD.

The guiding principle of the team is that all patients should be given the opportunity to participate in research. Since 2020, they have carried out 34 research studies to which they have recruited more than 6,000 patients, and they have contributed to or authored 35 peer-reviewed academic papers. The team’s ambition is to continue to build strong research leadership, and an evidence base in practice that is part of our everyday model of care.



PERFORMANCE AGAINST OBJECTIVES

2022/ 2023

Re-start programme and study set-up

Our objective this year was to review our study start-up procedures and introduce a proportionate review for low-risk projects. This is a direct response to the DHSC's concerns about the loss of international commercial trials coming to the UK, one of the reasons for the decline being the UK's study slow start-up times, as highlighted in [Lord O'Shaughnessy's recent report on commercial clinical trials](#).

The research governance section is undertaking development work across all areas of study set-up to streamline and work SMARTER, but also reduce timelines without compromising on the quality of our regulatory and ethical reviews. We have already completed the hosted study set-up process review. We are currently looking at sponsorship review of low-risk studies to put in place triggers for risk assessment as well as potentially amalgamating many of the steps in the process to make it more straightforward and proportionate.

Portfolio Review

The Department of Health and Social Care (DHSC) and NHS England initiated a Research Reset Programme in March 2022 to revitalise the NHS research portfolio. The programme aims to address post-pandemic challenges across the UK clinical research delivery system to support the delivery of research. The objective of Research Reset is to give as many studies as possible the chance of completing and yielding results, generating the evidence needed to improve care and sustain our health and care system. Trusts were asked to review their study portfolios, identify any studies that were not meeting their participant recruitment targets and take action either to improve recruitment or if there was no chance of meeting them, to close studies, release resources and re-deploying them onto studies that were performing well in terms of patient recruitment.

Working with colleagues in the Local Clinical Research Network North Thames, the JRMO has implemented a process of continuous review of the Trust's portfolio. This year four studies have been terminated early because they were deemed to no longer be viable in the current context and only twenty-four have been identified as being behind key recruitment milestones. The JRMO are in active discussions with the Chief Investigators of these studies and their funders, to agree on the future intentions for the studies, our objective will be to work to ensure that as many of these studies as possible are successfully concluded.

The JRMO will continue to closely monitor the performance of all Barts Health and Queen Mary-sponsored studies and the Research Reset list to ensure we can protect as many of our studies from early termination as possible.

Covid-19 Research

Many of the national guidelines surrounding Covid-19 research have now been removed and activity in this area, which is still ongoing, has become, in effect, part of business as usual. Our CRF Vaccine Research Centre at Mile End Hospital is still active and we are participating in several Covid-related vaccine studies with a variety of major players in the field. This area of research has developed rapidly over the past two years and companies like Moderna have entered into agreements with the UK Government to invest substantial sums in expanding vaccine research into other clinical areas, particularly cancer. The experience we have gained in running this type of clinical trial has already proved to be invaluable and Barts Health has already signed up, as a leading vaccine centre, to the Moderna programme, which will take off next year.

Research Finances

The Trust's research income for the year was approximately £29.8m exceeding the target of £28.5m by 4.3%. This is a significant result given that we are still feeling the impact of the Pandemic on our activities. Commercial income was particularly good at £11.1m, 21% above our target for the year and well above pre-pandemic levels. Income from our largest funder, the NIHR, held up well, given that we had predicted a slight drop in income this year. The increase is small at 3% but there are indications that our NIHR grant portfolio is strengthening and we expect income to increase next year. See **Table 1** for a high-level KPI breakdown and **Appendix 1** for a Clinical Board breakdown.

Outturn 2022/23	2022/23 Target	2021/22 Outturn	Target Inc/Decr	Outturn 2023	Inc/Decr	RAG
	£000	£000	%	£000	%	
Commercial Research Income	9,165	8,332	10%	11,094	21	
NIHR Projects Income	16,000	16,425	-3%	16,449	3	
Charitable and Other Income	3,370	3,064	10%	2,218	-34	
Total Income (NIHR, Commercial and Other)	28,535	27,821	3%	29,760	4	
<i>Number of portfolio trials with patients recruited in current FY</i>	390	371	5%	292	-25	
<i>Number of portfolio patients recruited in current FY</i>	17,894	16,267	10%	13,730	-23	
<i>Number of commercial research projects generating income in last 12 months</i>	350	317	10%	294	-16	
<i>Number of PIs generating income in last 12 months</i>	170	164	4%	156	-8	

Table 1 Outturn 2022/23

Research Activity

Performance against our principal activity KPIs has not met our targets in many areas this year, which reflects a national decline in the number of recruiting trials on the NIHR portfolio and patient recruitment to those trials since the start of the Pandemic, see **Tables 2 and 3** below.

What is encouraging is that the national trend is upwards and the Trust has a very robust pipeline portfolio which should show an overall improvement next year. In a national and local context, Barts Health was in the top ten recruiting trusts in the UK this year, the highest recruiter to commercial trials (see **Table 4**) and the highest recruiter in our regional network, the Local Comprehensive Research Network North Thames.

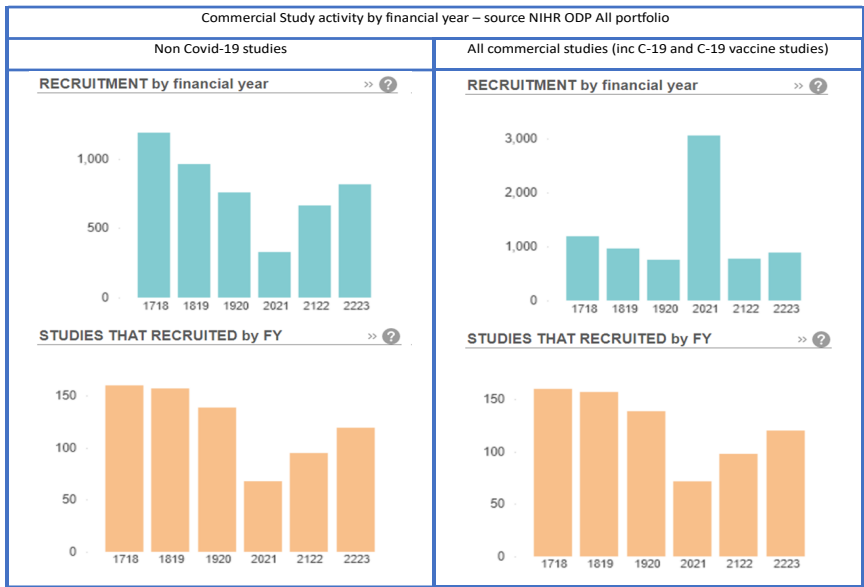


Table 2 Barts Health Recruitment to Commercial Studies



Table 3 Barts Health recruitment to non-commercial studies

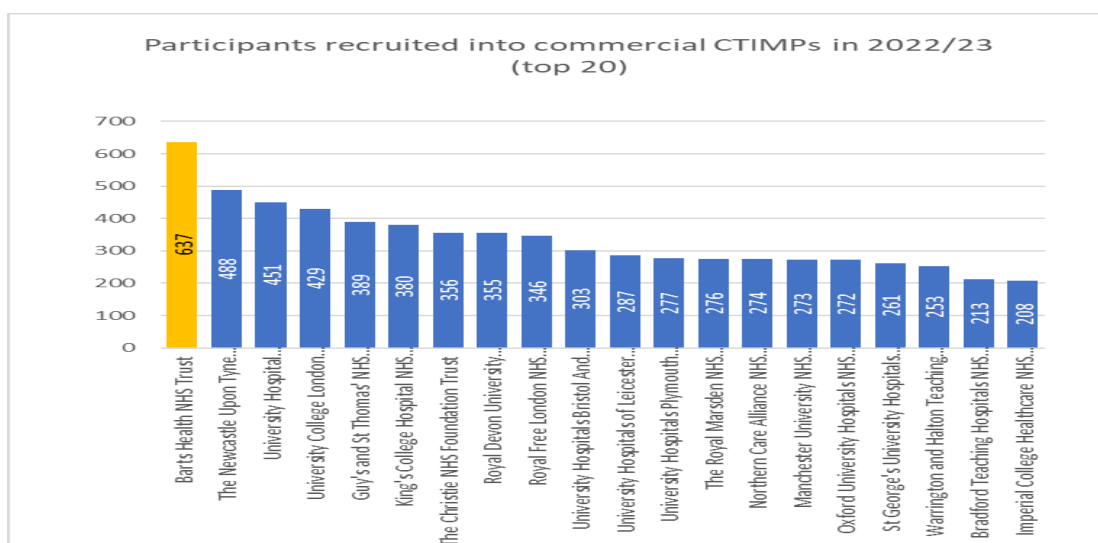


Table 4 Top twenty UK recruiters to commercial studies 2022/23

Senior research leadership: supporting ten consultants and senior AHPs to become research-active

Our Principal Investigator (PI) scheme was successfully launched this year. The PI scheme aims to identify, develop and support a new generation of young and enthusiastic investigators from across Barts Health to develop their careers in research, growing our research capacity. The scheme provides time, training, support and mentorship for new researchers that will enable them to build their research skills and gain experience in delivering research.

Applications were received from colleagues from all our sites and are areas of expertise. Eleven awards were made, providing funding for nineteen research PAs in anaesthetics, ITU, acute medicine, vaccines/ infection, paediatrics, hepatology, gastroenterology, gynaecology, diabetes/ endocrinology, physiotherapy and orthopaedics. We are particularly delighted to appoint our first NMAHP research leader to the scheme and we hope to see this grow further in future years.

Clinical academic leadership

Barts Health and Queen Mary University London have unveiled plans for an Academic Centre for Healthy Ageing in the UK to improve the quality of life for millions of people in London. Hosted at Whipps Cross Hospital, the new centre will create a collaborative network of clinicians, researchers, educators, policymakers and the local community to transform how services work for older people. Thanks to £6.6 million awarded by Barts Charity, the centre will be a network across Barts Health, Queen Mary University London, and partner care provider organisations hosted at Whipps Cross Hospital.

In Muscular Skeletal (MSK) we have appointed a clinical lecturer in Hand therapy to start in September. This is the first clinical academic post in hand therapy and their remit will be to build their research portfolio as well as mentor aspiring clinical academics in MSK therapy at BH. We are also in the process of appointing a professor of rehabilitation. The research group are working on building capacity and infrastructure for clinical academics in MSK therapy, recognising that the path for this group is not as well defined as it is for medics. Hopefully, these posts will be the start of building even more research capacity in this field of medicine.

Our clinical leadership structure has been strengthened to support our Director of Clinical Research, Rupert Pearse. His team of Deputy Directors now provide cross-site support for researchers as we implement our plans to build our researcher capacity.

Table 5, below, shows the new team's membership and roles.

Prof Rupert Pearse, Director of Clinical Research	3 PAs	
Dr Manish Saxena, Deputy Director of Clinical Research	2 PAs	Leading on clinical trials and data management infrastructure issues
Prof Klaus Schmierer, Deputy Director of Clinical Research	2 PAs	Leading on CRF-related matters and research governance
Dr Stephen Kelly, Deputy Director of Clinical Research	1 PA	Leading on business development (securing new research projects),
Dr Sophie Welch, S Deputy Director of Clinical Research	.2 FTE	Currently on maternity leave, Sophie will be leading on workforce, community engagement and equality diversity and inclusion (EDI) matters.
Vacancy Dr Vickie McDonald, Deputy Director of Clinical Research - Development	2 PAs	Working in a developmental capacity, supporting research governance, workforce (which has specific medical and NMAHP elements), community engagement and EDI.
Ms Imogen Skene, Deputy Director of Clinical Research – Development	.2 FTE	Working in a developmental capacity, also supporting research governance, workforce (which has specific medical and NMAHP elements), community engagement and EDI.

Widening our Partnerships

Our North East London Acute Provider collaborative research and clinical trials initiative with Barking, Havering and Redbridge and The Homerton continues to develop. We aim to make a step change increase in clinical research opportunities for our diverse community across east London, improve patient trial engagement focussing on a wider and more diverse participation in research to put us in a much stronger position to form national and international research collaborations, attracting additional funding for our trusts. Our partnership workstreams are:

- Strategy development
- Establishing common policies
- Addressing health inequalities

We have already begun to share our expertise in research administration and governance and are exploring mutually beneficial opportunities for expanding our research activities. The partnership will develop further next year as the work we have begun begins to bear tangible fruits.

Our Trust was heavily involved in the development and testing of vaccines during the Pandemic and is still involved in the delivery of new vaccines. The expertise in the field gained by our Vaccine Centre and in particular the relationships developed with our commercial partners has put the Trust in a strong position to participate in two major development opportunities with leading Pharmaceutical companies that have recently been announced by the DHSC. The Government recently announced that Moderna, one of the leading Covid 19 vaccine developers, will invest a substantial sum in mRNA research and development in the UK, aiming to develop vaccines targeting a range of other illnesses, such as flu and RSV. We have already initiated a dialogue with the company and are looking forward to developing our partnership further.

Nursing, Midwifery and Allied Health Professionals (NMAHP) clinical academic, research and developmental achievements

Our first objective is to deliver outstanding patient care, and our research is critical to achieving this. We continue to promote investigator-led research across professional boundaries and build on strengths in research capacity and capability. Our research strategy this year has focused on workforce development for NMAHPs as researchers, developing clinical academic careers and building core research leadership themes. Our research in Cardiac Nursing, Cancer, Respiratory and Endocrine practice, Neonatal and Child Health, Emergency Care and Maternity practice has developed through the superb leadership of Professor Julie Sanders, Dr Jackie Buick Dr Deanna Gibbs, Dr Hortensia Gimeno, Imogen Skene and collaborative work with Professor Angela Harden (City University of London) and our maternity teams. Jackie has been awarded a prestigious NIHR Senior Research Leader role.

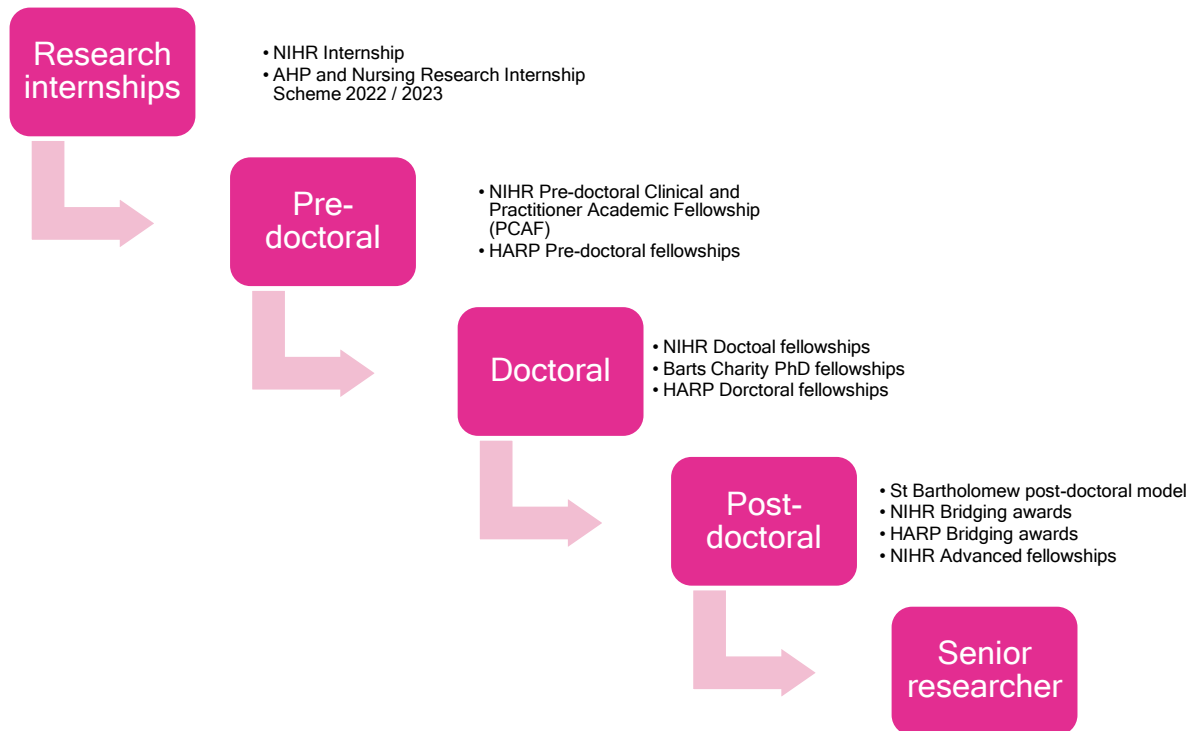


The impact of our research in genomics nursing is shaping new thinking and practice as is developing nursing data science, enhanced through the growth of nursing informatics (Professor Louise Hicks and team) and digital health activity, working with Life Sciences. International invitations have expanded our reputation through visits, presentations and sharing successes in building a research culture, including St Bartholomew’s post-doctoral careers and more broadly in the key research themes across the Barts Health Group.

This year two members of the NMAHP research team have been appointed Deputy Directors of Research, Dr Sophie Welch, Senior Research Nurse in the Cardiac Research Department and Imogen Skene, Senior Research Nurse in Emergency Medicine.

Our publication profile continues to increase with eighteen peer-reviewed papers and many more professional publications. Of note is a six-paper series in the British Journal of Cardiac Nursing by Julie Sanders on our research infrastructure supporting and sustaining a positive research environment. Colleagues are leading NIHR portfolio studies, supporting internships, international masterclass series and the range of doctoral and post-doctoral studies.

Our Research leads have developed a structured framework designed to create clinical academic opportunities as illustrated below:



RESEARCH INFRASTRUCTURE

Biomedical Research Centre

Barts Health received £20.9 million in funding from the NIHR in November to create the new NIHR Biomedical Research Centre (BRC), a partnership between Barts Health, with Queen Mary University of London and St George's University of London. It is led by Professor Sir Mark Caulfield, Vice Principal for Health at Queen Mary and the Barts BRC Director,

This funding will enable healthcare professionals and scientists to research and develop new ways to diagnose and treat a variety of illnesses including cancer, musculoskeletal conditions and heart disease, based on an individual patient's genetic make-up and health history, known as precision or personalised medicine.

This grant is a major boost to tackle health inequalities and deliver pioneering, innovative healthcare to the people of East London and beyond and builds on existing research carried out by the Trust. The new BRC has a particular focus on finding new ways to diagnose diseases like cancer earlier, which increases the chances of survival. One way they will do this is by looking for patterns and clues in existing healthcare data that has been depersonalised, which could reveal new information about a disease, and in turn how to better diagnose and treat it.

NIHR Barts Health Clinical Research Facility

Planning for the new NIHR Barts Health Clinical Research Facility (CRF) at the Royal London Hospital passed two important milestones this year. Firstly, funding from the NIHR was secured so the facility has an official NIHR imprint which will open doors to additional funding. Dr Kieran McCafferty was appointed as Clinical Director for the CRF in October and the design for the new unit was approved by the Trust Board in November. Secondly, our bid to The Barts Charity to support that design and fit-out was awarded in February as part of the Charity's Barts 900 campaign. The new facility will support a full range of clinical trials, including early-phase first-in-human studies and advanced therapy trials, providing more capacity and increasing both the quantity and quality of our clinical research. Barts Charity, NIHR funding and income from grants and commercial research will support the CRF, covering staff and operational costs, including an innovative scheme to support new researchers. The unit aims to widen participation through a programme of community engagement, demonstrating the benefits of research to the local community and beyond. Construction work is due to start in July 2023, with a full opening due in September 2024.

NIHR Capital Bid

This year the DHSC issued a call for applications for Capital items up to a £5m ceiling. Our Trust application was for approximately £4.8m and included items for the Homerton and Mid and South Essex. The results will be published next year.

Barts Life Sciences (BLS)

THE BLS is a partnership between Barts Health NHS Trust and Queen Mary University of London to bring together researchers, scientists, clinicians and industry to collaborate and accelerate the latest healthcare innovations from bench to bedside. The focus of the work of the Barts Life Sciences (BLS) is to transform health life expectancy and opportunity for our community in a new life sciences campus at Whitechapel by creating healthcare solutions that can be translated directly into patient benefit at Barts Health hospitals and to generate investment in the local economy.

As owners of the development site, the Department of Health and Social Care and Queen Mary University of London submitted a planning application for the development in December 2021. Supported by BLS, they have discussed the proposals with the planning team at LBTH during 2022 and 2023. The positive impacts of the cluster have been welcomed, but there are concerns about the impact of the proposed development on heritage assets and place-making in the area. Subject to the outcome of these discussions, it is anticipated that the application will be reviewed by the planning authority in early 2024.

Alongside this BLS has been developing a range of programmes to support the development of a vibrant life sciences cluster in east London including:

Precision Medicine Platform (PMP): The PMP will support the secure analysis of research-ready NHS patient data from a diverse community of over 2.5M people in East London. These will include statistical analysis, machine learning and bioinformatics resources to develop tools and products that will be used to improve health outcomes for the whole community. Funded by Barts Charity, the PMP will be operational in a test version from October 2023 and fully operational from April 2024.

Skills and training: Following the opening of the first hub at Newham College in October 2021, the team has been working with Waltham Forest College to open a hub in 2023.

Population health and primary care: BLS is working with integrated care systems and primary care partners to develop and implement new models of care. A new clinical academic primary care facility in the Whitechapel life sciences campus will enable better service integration, links with academic teams and wider participation in clinical research.

Patient & Public Involvement and Engagement (PPIE)

Our Research Engagement unit has increased its activity during the year. They have provided advice and guidance to over 40 researchers and research teams and contributed to major grant applications by Barts Health and Queen Mary University of London, including the BRC and CRF applications, contributing to their success.

The Unit has evolved to better reach under-served communities through participation in NIHR CRN's 'Research Ready Community Champions' programme. The project has involved working closely with two Barts Health-based community champions to reach groups who have been historically under-served by the healthcare research sector, including people living with physical and mental disabilities and women of Bengali, Pakistani and North African heritage. Future plans involve scaling up the project by expanding the number of champions working with Barts Health researchers to reach underserved communities.

A successfully bid was submitted for a Small Grants Award from our local research network. This project aims to meet the needs of underserved communities by ensuring the Trust has research-ready bilingual health advocates available to support our patients and investigators during the consent process and research appointments. The project will initially develop and deliver bespoke training workshops to the Trust's advocacy teams (approx. 35 staff), covering 10 languages across the group. Public contributors will be involved in the design and delivery of the training module.

Working with the Trust's Communications team, the Unit ran a successful research awareness campaign during Black History Month. Our social media engagement activities were particularly successful, with a Tweet, featuring Sam Gordon from our Ophthalmology research group, viewed by 21.3k users, with 121 clicks through to the main article. This was one of the top 3 performing posts for October 22. Our Instagram podcast featuring Dr Vanessa Apea and MS patient Roxy Murray reached over 3k accounts and received over 4k plays.

Once again we performed very well in this year's NIHR PRES engagement survey, meeting our target of 455 returns by year-end.



TRIAL PARTICIPANT EXPERIENCE

Suresh's Experience in His Own Words – From his speech at the inauguration of the Barts 900 fundraising campaign.

As a nurse, in this article I'm going to talk about my experience of a clinical trial that transformed my life and why it's so important to uncover the treatments of the future.

I've always led an active life. I love to travel, ski and head off on adventures on my motorbike. All that came to an abrupt halt around 10 years ago when I got severe pain in my hips. I was only 56. I was very stiff, and it got to the stage where I could hardly walk. The pain got worse. It went into my legs, my arms, my wrists, even my jaw – it was everywhere and it was constant – day and night. Some days I'd try to brush my teeth, but the stiffness in my elbow would prevent my hand from reaching my mouth.

Blood tests at the doctors showed it was rheumatoid arthritis. I didn't think it was that serious and I thought that medicine would find me a cure. I was put under the care of Professor Hasan Tahir at Whipps Cross Hospital and medication improved things, but I was still in a lot of pain. I had flare-ups when I couldn't do much as I was so stiff. I was struggling to walk, let alone enjoy the travelling and hobbies that meant so much to me. At the time, I was managing two care homes, but I had to get a colleague to take on some of my work as there were periods when I couldn't cope with it all.

I'm an optimistic person, I have a loving family and some lovely friends, but there were times when the pain was so bad that I didn't want to live anymore.

Professor Tahir could see how much it had put a stop to my life. He suggested I go on a clinical trial. I wasn't aware of trials before this. It's only when you need something that you find out about it.

I was given a treatment called tocilizumab, which at the time was new and being tested. It involved going to Whipps Cross Hospital every four weeks for an IV infusion. Here I have to give a mention to the wonderful caring staff – Diane, Carey, Kim, and Vinesh to name a few, who looked after me and answered any concerns I had.

Over time, the pain decreased and my mobility improved. Eventually, my pain disappeared.

I was able to go a bit longer between treatments, so each time I had an infusion I would get six weeks of freedom where I could jump on my motorcycle or head off abroad. It wasn't a cure, but I'd improved around 90% and was in remission. When the trial came to an end and I was off the treatment, my symptoms came back with a vengeance. It was a difficult time. Professor Tahir built a case and was able to apply for funding for me to continue the treatment on the NHS, which has been funded for the last eight years.

Since the pandemic, the treatment has changed to injections I do myself at home every two weeks. It makes it more difficult to travel as the medicine needs to be kept in the fridge. I'm hoping that more research will lead to improved ways of delivering treatments like these.

I can say, without any doubt, that the clinical trial gave me my life back. I'm able to play with my grandchildren, I'm skiing again and I ride my motorbike here and abroad. I'm retired now and I've got a lifetime ambition to ride my motorcycle from here to India. Thanks to my improved health, I'm going to do it.

I know how much suffering people can be under. The only way to find cures and treatments that work is to try new things and that takes time and money. I hope that in the future, many more people just like me get the chance to access innovative treatments that mean we can all live our lives to the full.

Suresh Chand, Woodford in East London 2023

FORWARD OBJECTIVES: 2023/24

As we enter the final year of our Five Year Strategic plan we will reflect on plans to deliver research in a swiftly changing post-Pandemic environment. Much has changed over the past five years and the new strategy will set out plans to address how we will engage in emerging research themes such as precision medicine, artificial intelligence and the wider use of data to develop new research programmes.

We will continue this year our drive to re-invigorate our research programmes and increase the number of patients who can access research in our Trust. We will focus on inclusivity and populations that are underrepresented in research. We will aim to continue to increase our research income so that we can invest in new and innovative research initiatives.

Our Clinical Research Facility (CRF) team will focus on managing the design and build programme at the Royal London Hospital to achieve our target opening date of September 2023. In addition, we will work to integrate the CRF facilities at all of our sites under one strategic management umbrella to increase capacity and provide access for our patients to research at their local hospitals.

Our other activities this year will be aligned with our strategy and will be geared towards completing the comprehensive body of research work the Trust set out to do in 2019.

1. Study Set-Up and Portfolio Review

Our drive to ensure that each of our research trials and studies achieves their individual targets and research objectives will continue at pace and our systems for continuous portfolio review will be to the NIHR's project monitoring system. In this we aim to achieve town activity targets and contribute to the UK-wide drive to ensure that our national research delivery can compete in the world market, increasing the number of trials of new medicines and innovative technologies that that our patients can access. To facilitate study set up we will continue to explore and implement systems that will reduce the length of time to start our studies, focusing on a proportionate review process whilst maintaining strong and effective research governance controls. For example, we are about to embark on a stakeholder engagement initiative to gain their views on our proposals. We aim to complete this work by July 2023. We will then move on to higher-risk projects with the aim of re-configuring our current review processes, embedding into our procedures changes that will be initiated at the national level to MHRA regulatory approvals, ethics, costing and contracting rules.

2. Finance and Performance Metrics

The Trust met most of its financial targets in 2022/23 and its commercial and NIHR grant income has increased even though the exceptionally high income received from

vaccine studies during the pandemic has reduced substantially. Our commercial trial pipeline is strong and we expect next year’s income to increase by 10%. NIHR income is also expected to increase on the back of our successful BRC, CRF and ARC applications, as will charitable income, particularly from the Barts Charity, which has been particularly generous in supporting several of our major development projects, for which we would like to express our gratitude for this vital support. Table 5 sets out our forecast outturn for 2023/24.

Table 5: Finance and Activity Forecasts 2023/2024

Forecasts 2023/24	2023/24	2022/23	Inc/Decr
	Forecast	Baseline	
	£000	£000	%
Commercial Research Income	12,150	11,094	10%
NIHR Projects Income	18,000	16,448	9%
Charitable and Other Income	3,000	2,218	35%
Total Income (NIHR, Commercial and Other)	33,150	29,760	11%
Number of portfolio trials with patients recruited in the current FY	321	292	10%
Number of portfolio patients recruited in current FY	15,104	13,730	10%
Number of commercial research projects generating income in the last 12 months	324	294	10%
Number of PIs generating income in the current FY	170	156	9%

3. Consultant leadership: Support ten consultants to become research active within two years

We will monitor the progress and outcomes of our first tranche of colleagues who have enrolled on the Principal Investigator (PI) scheme after its successful launch this year. The Clinical Director of Research will evaluate the contribution the scheme has made to the development of our research infrastructure. Consideration will be given to launching a new round of the scheme in 2024/5.

4. Clinical academic leadership

We will build on the successes of recent years in appointing new clinical academic roles, such as Musculoskeletal and Healthy Ageing, to increase the breadth of our research and our researcher infrastructure, further enhancing the strength of our partnership with Queen Mary. A regional developmental approach will be adopted in line with our objective of widening our partnerships with our Northeast London Acute Provider, BHRUT and Newham.

5. Widening our Partnerships

Our work with the North East London Acute Provider, BHRUT and Newham will continue next year as we work on developing our collaboration strategy, implementing common policies and addressing the health inequalities that exist in our area. We will share best practices in delivering research and continue to develop our support network that will contribute to the achievement of our partnership aims. The Trust has successfully applied to Host the new Regional Research Delivery Network North London, which brings together the existing North East and West London networks to create one new integrated network for our region. We will work with the NIHR and partners across London to ensure that the new network is operational by September 2025.

6. Nursing, Midwifery and Allied Health Professionals (NMAHP)

Our NMAHP team have made tremendous progress in developing its academic and clinical research profile and by using the management tools they have developed, particularly the structured framework designed to create clinical academic posts, will continue to deliver leading-edge research next year. The NMAHP Leadership will be an integral part of the team that will work towards developing the Trust's next five-year research strategy.

7. Infrastructure funding

Next year will be critical to the Trust's mission to build our new state-of-the-art Clinical Research Facility and our team will work with the Trust's design and build team to ensure our plans are on target to meet a go-live date in August 2025.

We will monitor the progress of our major infrastructure programmes, Barts Health Biomedical Research Centre and our NIHR Applied Research Collaboration (ARC) *North Thames*, as they enter their new grant extension periods.

Our major NIHR capital bid application result will be announced early in the new financial year and if successful we will work with our colleagues in Estates, Finance and Imaging to develop plans to procure and install any capital equipment we succeed in obtaining funds for and ensure funds are identified to finance on-going revenue costs.

8. Barts Life Sciences - Bioinformatics and information governance

We will continue to work with our colleagues in Life Sciences to develop the forward plan for this major initiative as an active stakeholder in delivering our joint strategic objectives, particularly those that facilitate growth in our research activities like the Precision Medicine Platform and the Population health and primary care initiatives. We

look forward to developing and conducting new and innovative programmes across our sites and clinical specialties with our Life Science colleagues.

9. Barts Health Research Strategy Review

Our senior management team will engage with our primary stakeholders and continue the process of drawing up a new five-year Trust research strategy. The Trust has been extremely successful in developing its research infrastructure and national profile in recent years and is in a good position to build on these successes and meet our aim of being one of the leading research trusts in the UK, providing our patients with unparalleled opportunities to benefit directly from the leading edge research we conduct.

High-level talks have already taken place with our principal academic partner, Queen Mary University of London around the process for determining our joint and several strategic objectives to ensure that our synergies are identified and our objectives set out clearly to reflect our individual and corporate needs. The key appointments required to complete our corporate management establishment have been made and Jenny Rivers, our new Director of Research Development, will join the team in October next year to continue the work to develop the new strategy, with colleagues.

10. Patient & Public Involvement and Engagement (PPIE)

In 2023/24 we will build on existing programmes to increase the number of Patient Research Champion (volunteer) placements and the membership of our PPIE Practitioners Network. We will also seek to increase the number of teams delivering NIHR PRES surveys and therefore, the number of patients taking part in the survey to 550. We plan to work with our colleagues in BHRUT and The Homerton and invite their PPIE practitioners' network to collaborate on joint initiatives, supporting our wider ICS Acute Service Provider collaboration objectives.

We will work to embed best practices in research communications amongst our research workforce, in response to a significant increase in the number of requests for help in this area, working with the Trust Communications team to implement our plans to share research information more widely through Trust communication channels.

We will seek to increase investment in the Research Engagement team and a Barts Charity application for two full-time posts will be submitted next year.

We aim to embed inclusive research practice more widely in our Trust through focused training sessions and as part of a team, participate in a Research Development led project to establish a Trust and Queen Mary diversity data collection system.

Rupert Pearse
Clinical Director of Research
July 2023

Gerry Leonard
Director of Research Development

APPENDIX 1: KEY PERFORMANCE INDICATORS: OUTTURN BY CLINICAL BOARDS 2022/23

Outturn 2022/23 Clinical Boards	2022/23 Target	2021/22 Outturn	Inc/Decr	AHS	Cancer	Cardiovascular	Childrens Health	CSS	Medicine	Surgery	Womens Health	Other	Total
	£000	£000	%	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Commercial Research Income	9,165	8,332	10%		2,665	1,501	83	1,106	3,877	593	0	1,269	11,094
NIHR Projects Income	16,000	16,425	-3%	4,984	748	3,090	488	1,209	2,934	863	462	1,671	16,449
Charitable and Other Income	3,370	3,064	10%		111	499	105	1	407	525	55	515	2,218
Total Income (NIHR, Commercial and Other)	28,535	27,821	3%	4,984	3,524	5,090	676	2,316	7,218	1,981	517	3,455	29,760
Number of portfolio trials with patients recruited in current FY	390	371	5%	0	74	54	27	12	85	29	3	8	292
Number of portfolio patients recruited in current FY	17,894	16,267	10%	0	630	1,286	472	94	7,655	1,618	385	1,590	13,730
Number of commercial research projects generating income in last 12 months	350	317	10%	0	77	55	12	24	106	19	0	1	294
Number of PIs generating income in last 12 months	170	164	4%	0	24	26	11	12	54	24	3	2	156

Report to the Trust Board: 13 September 2023	TB 59/23
---	-----------------

Title	Health and Safety Report 2022/23
Accountable Director	Group Chief Finance Officer
Author(s)	Group Fire, Health and Safety Advisor Associate Director Compliance & Risk Estates and Facilities Management
Purpose	Annual H&S Assurance reporting

Executive Summary

The annual report provides assurance on the current Health and Safety compliance and policy adoption across all areas and patient services provided by Barts Health NHS Trust. The report provides both an update on the activities and progress of the various H&S work streams, whilst also raising awareness of any identified compliance gaps and weaknesses. Furthermore, the report also provides the fire and H&S declaration for the Trust Board. Since the production of this report there has been significant media and public interest regarding the use of reinforced autoclaved aerated concrete (RAAC) in buildings. The Trust has been aware of the potential problems with RAAC for some years. A number of studies have been undertaken in the Trust and we have not found any of this material in any of our buildings to date. NHS England has asked all trusts to re-evaluate the potential for presence of this material; we have undertaken this and provided a response to North East London Integrated Care Board. However, we will continue to review the structural nature of our buildings and in the unlikely event that the presence of RAAC is found the Trust Board would be immediately advised.

Related Trust objectives

Enhanced estates and facilities

Related Assurance Framework entries

Board Assurance Framework – 14 A lack of capital and global economic issues affecting supply chains results in a failure to sufficiently improve infrastructure and equipment at Trust and NEL level

Legal implications/regulatory requirements

- Health and Safety at Work Act 1974
- CQC
- NHS Improvement
- HTM 05-01 (Managing Healthcare Fire Safety)
- HTM 05-02 (Firecode)

Action required:

- To note the contents of the Health and Safety Report.
- Continued support to the Health and Safety Team in providing a positive health and safety culture.

- Support increased provision within the Health and Safety Team to implement a proactive Health and Safety culture.

Barts Health NHS Trust

Health & Safety Assurance Report 2022/23

Date: 25/08/2023

Version Control

Version	Comment	Date
V:01	Draft Submission	
v.02	SR comments	29/06/2023
v.03	2 nd draft	02/07/2023
Final Draft	Approved at Group Health and Safety Committee	07/08/2023

Executive Summary

The purpose of the report is to provide the Trust Board with a summary of principal activity and outcomes relating to the promotion and management of Health and Safety within Barts Health NHS Trust during the reporting period of April 2022 – April 2023. This is the first Health and Safety Report under the devolved Health and Safety accountability, with Hospital Boards taking full responsibility for Health and Safety and Fire Safety

During the reporting period, Barts Health NHS Trust received a Fire Service Notice of Deficiencies relating to King George V Building at St Bartholomew’s Hospital. Remedial work is being undertaken in parallel with the Fire Service Notices at Newham University Hospital and Whipps Cross University Hospital Sites.

Over the reporting period, 47 RIDDORs were reported to the Health and Safety Executive, relating to Sharps Injuries and incidents where a Staff Member was off work for 7 Days or more this indicates a 20% reduction in reportable incidents.

The incident reporting culture remains strong and continues to improve with 746 incidents an increase of 4%. The Trust reported a significant increase in Sharps Injuries (61%) and Slips, Trips and Falls (52%) on the previous year. The Trust is implementing detailed measures to reduce and manage incidents trends and incident harm such as Sharps related incidents, Slips, Trips and Falls Incidents as outlined within the report such as establishment of Safer Sharps Committee.

On analysis of the incident trend data 95% of the Health & Safety Incidents were classed as low to no harm encounters within the reporting period. It was noted from the incident data that there has been a decrease in the number of “Low Harm” Incidents data from year-on-year analysis being replaced by “No Harm” Incidents. This is a key indication in the creation of a positive Health and Safety culture with staff members reporting all classes of incident. The Trust has seen a reduction in the number of

Musculoskeletal Injuries and Incidents of reportable diseases to the Health and Safety Executive under RIDDOR regulations on the previous year. Further work is required to reduce the number of fire alarm activations caused by members of the public/visitor/patients within the Trust such as smoking and activation of the fire alarm whilst leaving a department. During the year there were a number of building projects across the Trust along with internal departmental moves to utilise space efficiently where Health and Safety, Fire design and compliance input was required an investment of £5.8 million.

Contents

Executive Summary	4
Introduction	8
Governance.....	9
Health and Safety, Fire Team	10
Risk Register.....	12
Health and Safety Governance.....	16
Group Trust Health and Safety Committee.....	16
Hospital Based Health and Safety Committees.....	16
Health and Safety Executive	17
Safety Incidents	19
Slips Trips and Falls (Non-Patient).....	22
Safety incidents affecting Members of the Public	24
Health and Safety Claims.....	25
Safety Engineered Devices/ Safer Sharps.....	26
Staff Health Surveillance of Environmental Exposure.....	28
Surgical Smoke Exposure Analysis.....	29
Acid Vapour Exposure	30
Entonox Exposure.....	30
Central Alert System.....	31
Premises Assurance Model	32
Fire Safety.....	37
Number of Fire Alarm activations	37
Fires Reported	38
Capital Project Plan.....	39
Fire Service Inspections and Warning Notices	40
Newham University Hospital.....	40
NHS England Safety Case.....	41
Whipps Cross University Hospital.....	42
St. Bartholomew's Hospital Site	43
Safety Training.....	43
Fire Training.....	43
Health and Safety Training	44
First Aid Training.....	45
Soft Services.....	46
Introduction	46
Strategic Engagement and Approach for Security Provision	47
Health & Safety Committee.....	49
Violence and Aggression Committee	49
Incident Management Committee	50
Security Management	50
Security Incidents	50
Thefts and Loss Incidents	56
Security Breaches	58
Violence and Aggression Hotspots.....	59
Soft FM Services H&S update 2022/2023	61

Partner Health and Safety Reports..... 62
Appendix A..... 65
Health, Safety and Fire and Security Committee 65
Appendix B: Fire Safety Refurbishment Governance 68
Appendix C: Fire, Health and Safety three-year work plan..... 69
Appendix D: Annual Statement of Fire Safety..... 79

Introduction

Barts Health NHS Trust recognises its requirement to implement and monitor the Health, Safety and Welfare of its employees, patients, and members of the public.

Barts Health NHS Trust has a legal duty to put in place suitable arrangements to manage Health and Safety, which is extended to the wider Group Model implemented by the Trust.

In progressing the management strategy of Health and Safety throughout the Trust, the various Trust H&S advisors utilise the Health and Safety Executive (HSE) model for Managing Health and Safety HSG65 (See Figure 1). The Trust Health and Safety Policy is also aligned to the key components of HSG65 within this guidance.

Barts Health NHS Trust recognises its requirement to implement and monitor the Health, Safety and Welfare of its employees, patients, and members of the public. It is therefore acknowledged that failure to comply with the Health and Safety at Work Act 1974 could lead to prosecution and/or a negative public image. Non-compliance may also result in a breach of the requirements of the Care Quality Commission (CQC), the Health and Safety Executive (HSE) and NHS England.

Barts Health NHS Trust therefore has a legal duty to put in place suitable arrangements to manage Health and Safety, which is extended to the wider Group Model implemented by the Trust.

In progressing the management strategy of Health and Safety throughout the Trust, the various Trust Health and Safety advisors utilise the Health and Safety Executive (HSE) model for Managing Health and Safety HSG65 (See Figure 1). The Trust Health and Safety Policy is also aligned to the key components of Plan, Do, Check, Act as set out in HSG65 guidance.

The figure below explains the Plan, Do, Check, Act approach and outlines what areas to cover in achieving a balance between the systems and behavioural aspects of management. It also treats Health and Safety management as an integral part of good management generally, rather than as a stand-alone system.

Figure 1: Plan Do Check Act



Governance

To ensure that Health and Safety is not only embedded throughout the Group Model but embraced throughout the Trust a variety of monitoring methods have been established. Fire, Health and Safety incident trend Data is discussed at Site Health and Safety forums, as well as speciality Group Safety Steering Committees. Health and Safety compliance is externally monitored via the Premises Assurance Model (PAMs.) The Group Health and Safety Committee receives reporting from the specialist leads, and the meeting is supported by the Estates Governance leads providing progress updates on Risk Register action plans/RAG rating risk monitoring and challenged risk assessment peer reviews.

Several health and safety sub-committees routinely report into the Group Health and Safety Committee, these sub-groups are documented below. Each sub-group is responsible for the production and updating of their own policies and terms of reference. These documents are submitted to the Group Health and Safety Committee for ratification (See Table 1).

Table 1: Group Health and Safety Committee Sub - Groups

Health and Safety Sub - Groups	Chair
--------------------------------	-------

Asbestos	Estates Authorised Person
Safer Sharps Committee	Director of Infection and Control & Trust Health and Safety Advisor
Ventilation Committee	Estates Authorised Person
Electrical Safety Committee	Estates Authorised Person
Fire Safety	Group Director of Estates
Medical Gases	Site Director of Estates and Facilities
Radiation Protection	Radiation Protection Officer
Security	Associated Director of Security
Water Safety	Estates Authorised Person
Waste Management	Site Director of Estates and Facilities

Health and Safety, Fire Team

During 2021/22, the Health and Safety, Fire Team Structure, was devolved from a central provision to now being accountable to each of the Hospitals leadership teams. Thus, placing ownership on the hospital leadership teams, with identified governance structures and oversight clearly documented. One year on, the Hospital Health and

Safety Advisors have been settling into the new structure and way of working. It must be noted that the devolved structure has not been fully incorporated into the Hospital Leadership Teams as the Hospital-specific Health and Safety Annual Reports have only been completed by the Newham University Hospital Site. This is further evidenced with the drop in the number of departmental risk assessment being undertaken on each site and the number of Hospital Based Risks entered onto the Risk Register

Each Site must adopt a positive Health and Safety Culture such as Site Health and Safety Audits including Health and Safety risk appetite and awareness. The Site Health and Safety Audits have been used to determine the level of Health and Safety Compliance in line with Legislation and Best Practice.

To ensure that general risks are undertaken as a common approach a risk assessment pool was created by group services, therefore removing any risk of discrepancies. These Group risk assessments are continually being incorporated into Site Structures as part of the Site's based governance structure.

However, the Health and Safety culture requires further development within the Hospital governance structures, based on increased incident trends and the reactive site culture rather than a proactive methodology.

As part of the Barts Health visions and values; long term strategic Health and Safety Objectives (See Appendix C) are being implemented to improve and establish a positive Health and Safety Culture through WECARE values achieving a Safe working environment to improve safety performance by:

- Using effective risk-based decision making consistently across the Trust to demonstrate a proactive Health and Safety Culture.
- Reducing Sharps and Falls based Injuries.
- Develop and run health and safety training that helps the safe operation of the Trust to influence safety behaviour.
- The Trust will promote an open and fair culture in which staff members can report negative safe behaviours whilst creating a positive safety culture.

Risk Register

The Fire, Health and Safety risk register entries focus on a number of themes such as Continuity of Service Risks, Operational Risks and Reputational Risks within the various risk assessments. These risks cover themes such as Impact of Fire, Health Surveillance, Slips Trips and Falls, Working at Height etc.

To ensure adherence with Fire, Health and Safety Policies and procedures under the devolution model, Site committees are in place to ensure compliance with all Health and Safety Regulations including the Fire Safety Order. Whilst an Executive group (Group Health and Safety Committee) continues to hold the overarching responsibility for implementation of all Health and Safety initiatives at the Trust.

The Group Health and Safety Committee seeks assurance from each of the Hospital Health and Safety committees which are embedded and monitor the specific Fire, Health and Safety implications on a site-by-site basis. A significant function of the Site based Health and Safety Committee is oversight of the Site based risk registers and alignment with Group practices and policies. Fire, Health & Safety risk assessments have been incorporated into the Site Structures as part of the Site based governance structure (See Figure 2).

Figure 2: Risk Assessment Approval Pathway



Within the Trust Risk Register there are 65 risk-based entries related to the Fire, Health and Safety themes (See Figure 3 - 5).

Of the 65 risk register entries 8 are designated as High Risk (See Table 2). It must be noted that that 50% of the high risks relate to Fire Safety across the Trust.

The Trust has implemented internal reporting of fire, Health and Safety matters through the Health and Safety risk reports and risk management function within the Group Health and Safety Committee. The Group Health and Safety Committee ensures through the delegated sub-groups that the Trust operates within a highly regulated Health and Safety environment framework. The committee monitors risk assessments to ensure high levels of compliance and public expectations from a large public body. The Sub-Groups monitor risk assessments including suitability of controls measures and balancing the prospect of risk elimination against pragmatic operational concerns within a strict financial background.

Table 2: Current High Risks

ID	Site	Topic	Title	Risk level
6236	Newham University Hospital	Fire Safety	A fire affecting GSC cladding (external wall system) which is non-compliant to Fire Safety regulations.	High
5887	Royal London Hospital	Emergency Planning	Contaminated Water Management Decontamination Room	High
3967	Newham University Hospital	Security	Controls for managing violence and aggression towards staff at Newham University Hospital	High
7225	Newham University Hospital	Health and Safety - Staff Health Exposure	Entonox Gas - over exposure to Clinical Staff working at Newham Hospital whilst undertaking a patient activity	High

6048	Newham University Hospital	Estates Risk	Boiler Failure Lack Capacity to Support Modular unit	High
3468	Newham University Hospital	Fire Safety	Non-compliance of the Fire Safety Order (law) within the Newham Hospital	High
3619	Whipps Cross Hospital	Fire Safety	Non-compliance of the Fire Safety Order within Whipps Cross Hospital Site	High
7238	St. Bartholomew's Hospital	Fire Safety	Risk of fire compartmentation failure in KGV	High

Figure 3: Risk Register by Theme

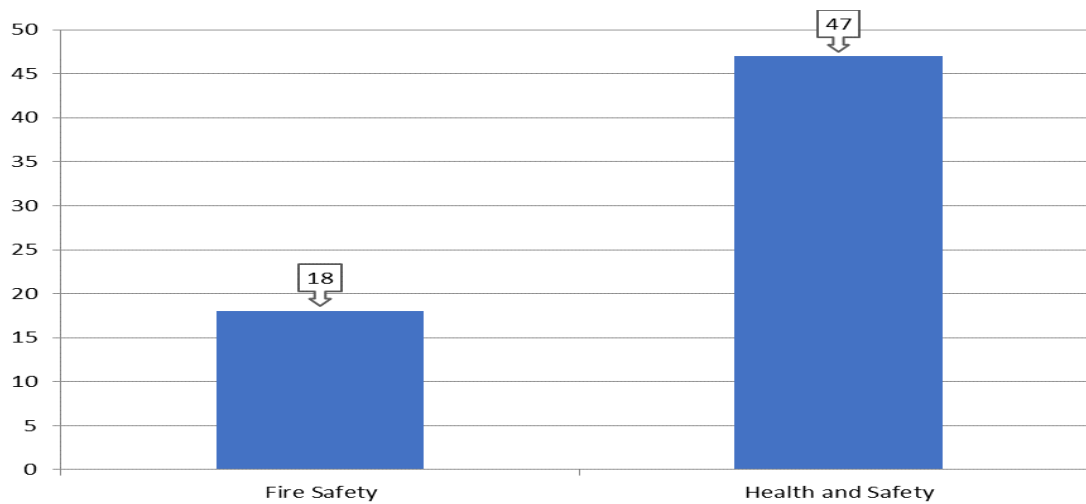


Figure 4: Risk Register by Site

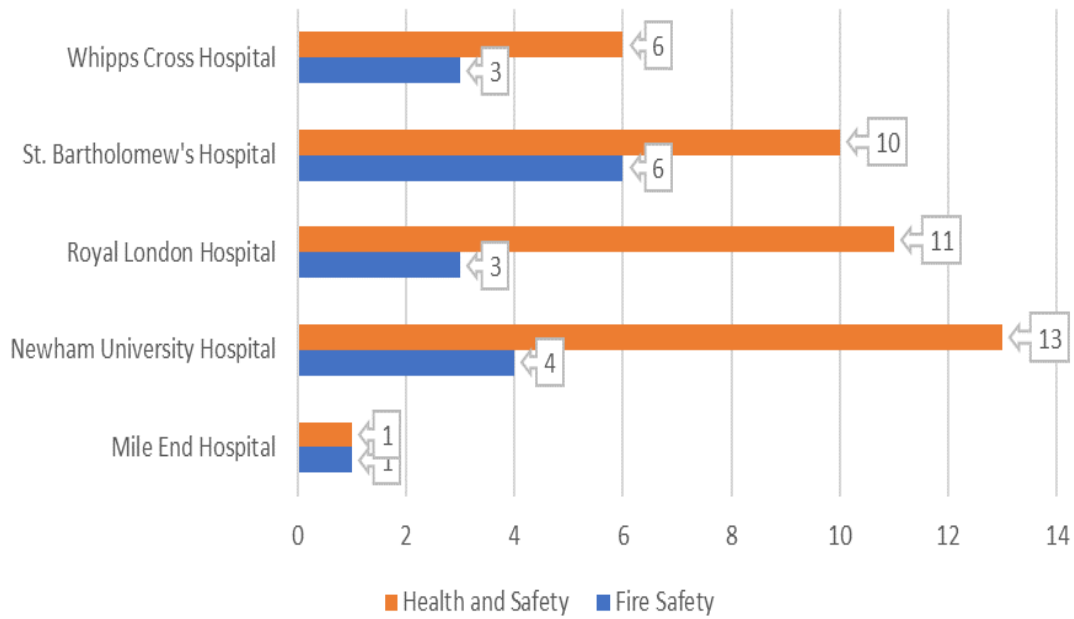
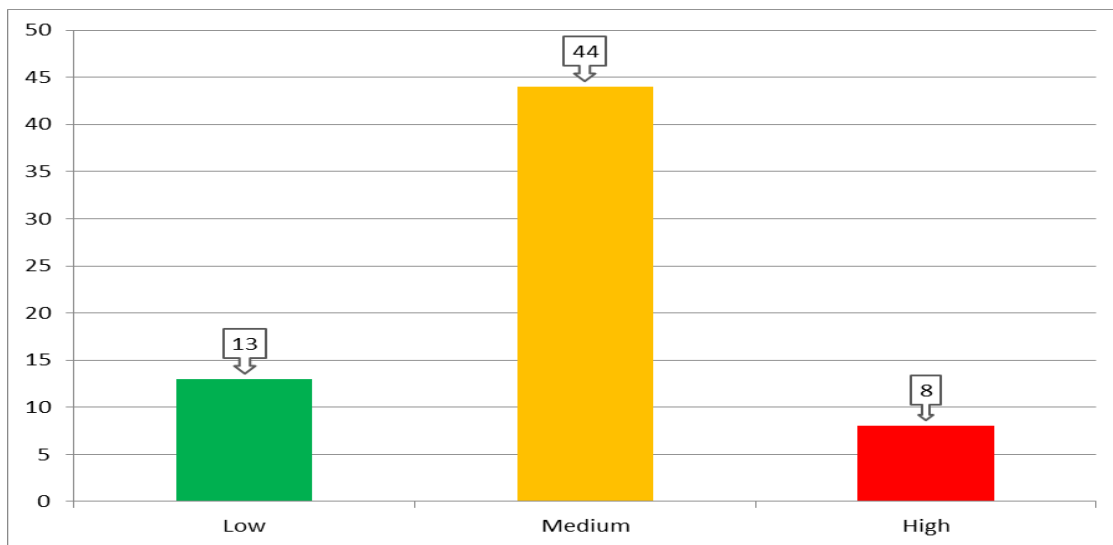


Figure 5: Risk Entries Scores



Health and Safety Governance

Health and Safety within the Trust is managed through the Trusts Governance & Risk Committee structures. Due to the devolved structure additional committees have been created for overseeing the compliance with all Health and Safety Policies and Procedures. Under the devolved structure management responsibilities for Health and Safety for sites has been discharged to an assigned Hospital Director of Estates appointed by the Hospital Executive Board responsible to the Group Health and Safety Committee.

Group Trust Health and Safety Committee

The Group Health and Safety Committee is now chaired by the Chief Finance Officer who directly represents the Group Chief Executive. This committee provides a central forum through which the trust can consult staff representatives on health and safety matters and provides an opportunity for Staffside to work with the trust in keeping under review the measures taken for health and safety issues. The Committee meets quarterly and receives audits and action plan progress from each of the Site responsible Directors, overdue risks and risk actions and incident statistics from the designated specialists as standing agenda items.

Hospital Based Health and Safety Committees

The Hospital Site based Health and Safety Committees are responsible for maintaining the Site's in a safe condition through the provision of health, safety and welfare to those staff working.

The Hospital based Health and Safety Committee escalates all concerns to the Trust Health and Safety Committee. The Committee meets monthly and receives audits and action plan progress on site specific topics, overdue risks and risk actions and incident statistics from site designated specialists as standing agenda items.

Health and Safety Executive

The Health and Safety Executive (HSE) did not undertake any investigations within the Trust in 2022/23. The Trust are required to report RIDDOR incidents to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. This requirement covers all work activities but not all incidents. The following are reportable if they arise out of or in connection with work:

- Accidents which result in an employee or a self-employed person dying, suffering major injury, or being absent from work or unable to do their normal duties for more than seven days.
- Accidents which result in a person not at work suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a major injury.
- An employee or self-employed person suffering one of the specified work-related diseases.
- One of the specified 'dangerous occurrences' - these do not necessarily result in injury but have the potential to do significant harm.

During 2022/23, 47 RIDDORs were reported, this is a 20% reduction in reportable incidents (6% of the total reported incidents) from the previous year. RIDDOR[s] incidents lead to an increase in Working Days lost additional stress and or anxiety on the effect staff member and the related department.

On assessment the RIDDOR data the highest incident trend related to Slip, Trips and Falls accounting for 43% of incidents. It must be noted that the number of Musculoskeletal Injuries has significantly reduced on the previous reported year. It must be noted that the RIDDOR trend is in line with the national data provided by the HSE (See Table 3 & Figure 6).

Within the reporting period there has been an increase in the reportable incidents resulting from staff members being assaulted by patients. It must be noted that the RIDDOR occurrence is in line with the national causation factors released by the Health

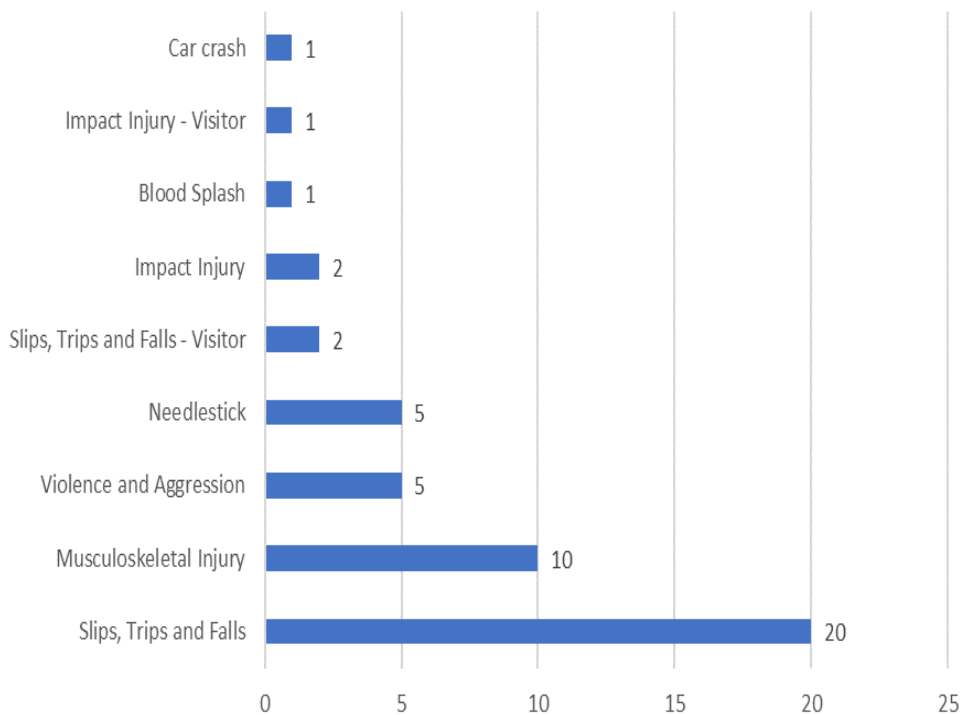
and Safety Executive. It is expected that the Trust strives to work towards reducing the number of RIDDOR incidents and level of harm within the next financial year.

Table 3: Number of RIDDOR Incidents

	2022/2023	2022/2021	2021/2020	2020/2019
Slips, Trips and Falls	20	14	19	14
Needlestick	5	9	7	16
Musculoskeletal Injury	10	22	19	14
Car crash	1	0	0	1
Impact Injury	2	8	14	8
Violence and Aggression	5	1	4	2
Blood Splash	1	4	2	0
Impact Injury - Visitor	1	0	0	0
Slips, Trips and Falls - Visitor	2	1	0	1
Communicable Disease	0	0	4	3

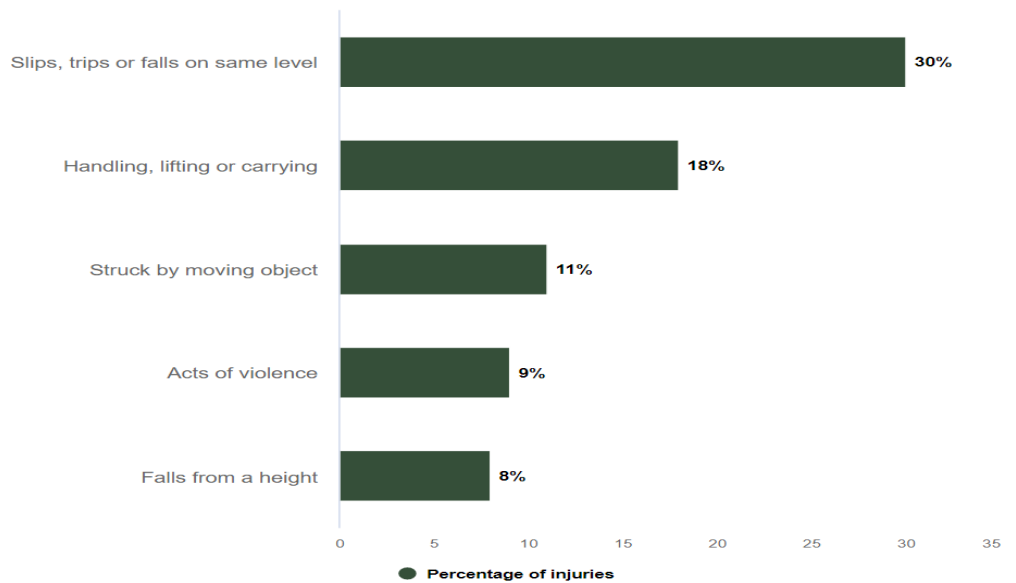
Figure 6: RIDDOR Incidents within 2022/2023 comparison with National Data

Trust Data



National Data

Non-fatal injuries to employees by most common accident kinds
(Non-fatal injuries reported under RIDDOR 2021/22, includes those accident kinds that account for 5% or more of the total)



Safety Incidents

The non-clinical Health and Safety incidents reported by Trust staff members during the reporting period 2022/2023, there was a total of 746 incidents recorded on DATIX across the various Health and Safety categories for the Trust (See Table 4). This data indicates a slight increase of 4% on the previous year. On assessment of the data an average of 62 incidents occurs a month an average increase of 2 incidents a month on 2021/2022. The following provides a summary of the types of incidents recorded across the Trust.

On analysis of the incident trend data 43% of staff related injuries occur at Royal London Hospital Site, the remaining sites accounting for Whipps Cross University Hospital 26%, Newham University Hospital 15% St Bartholomew’s Hospital 13% and Mile End 1% of incident occurrence. It was noted that the incident occurrence has reduced at Newham University Hospital by 3% with the other sites remaining unchanged.

On analysis of the incident trend data 95% of the Health & Safety Incidents were classed as low to no harm encounters within the reporting period. It was noted from the incident data that there has been a decrease in the number of “Low Harm” Incidents

data from year-on-year analysis being replaced by “No Harm” Incidents. This is a key indication in the creation of a positive Health and Safety culture with staff members reporting all classes of incident (See Figure 7-9).

It was noted that the number of incidents is proportionate to the size of the Hospital Site (See Figure 7-9). It was noted that the number of reported incidents at Newham University Hospital Site is reducing year on year, with St Bartholomew’s Hospital incidents remaining constant. Both Whipps Cross University Hospital and the Royal London Hospital are on an upward trajectory of incidents. This will be monitored by the Site Health and Safety Committee to ensure that the No Harm - Low Harm trend remains constant.

Table 4: Incident harm Trend

Level of harm	2022/23	2021/22	2020/21	2019/20
No Harm	316	240	302	326
Low Harm	397	443	460	507
Moderate Harm	33	34	17	16
Severe Harm	0	1	1	1
Death	0	0	5	0

Figure 7: Health and Safety Incident by Site

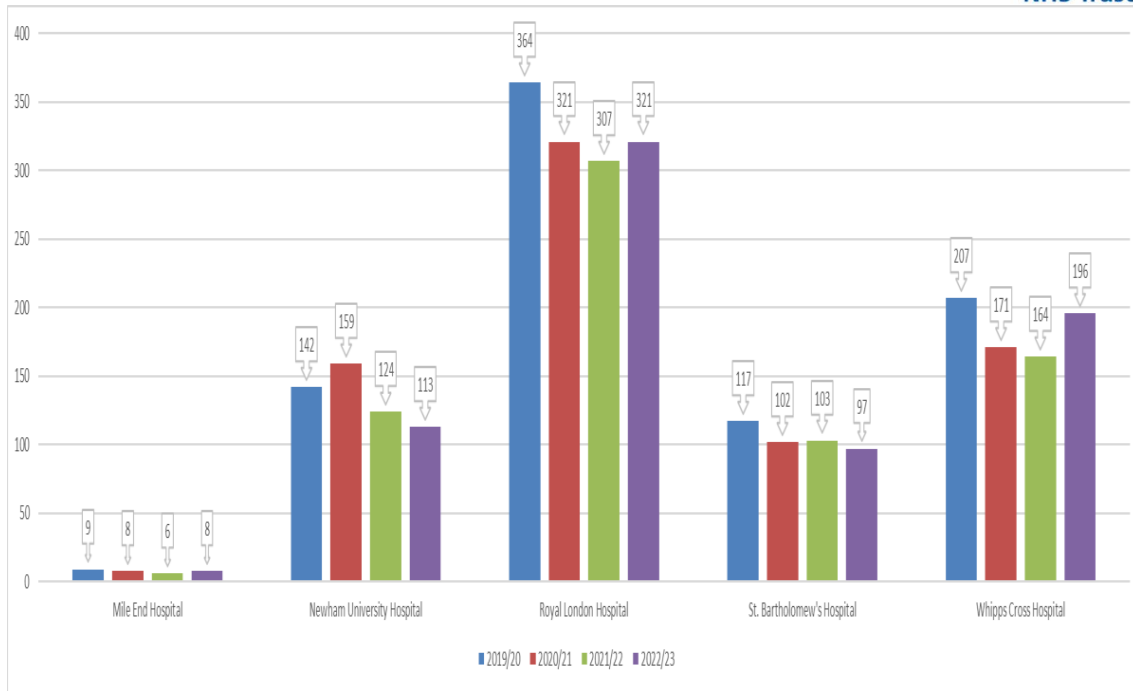
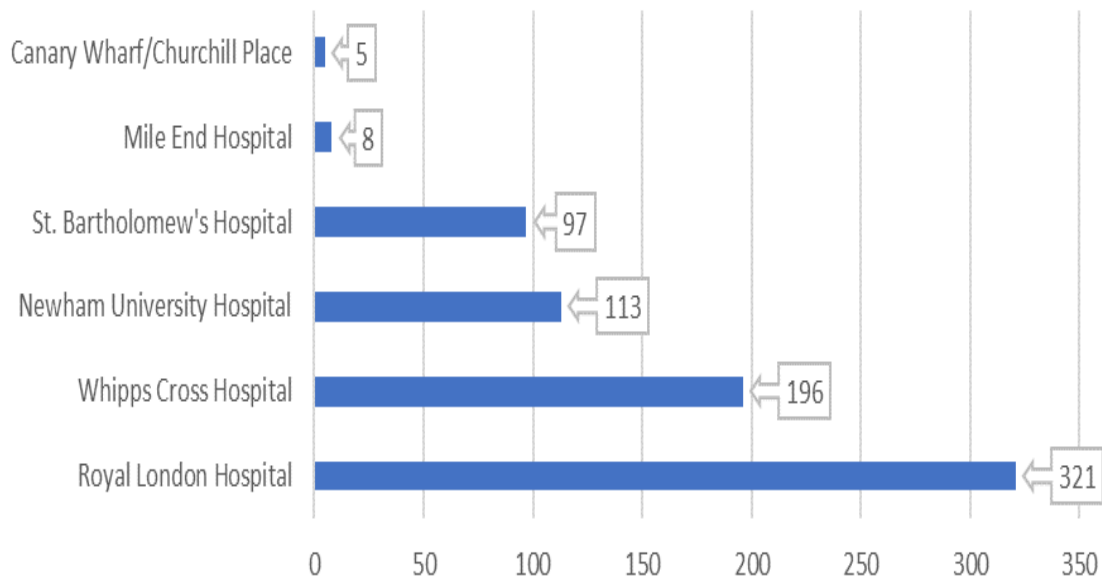
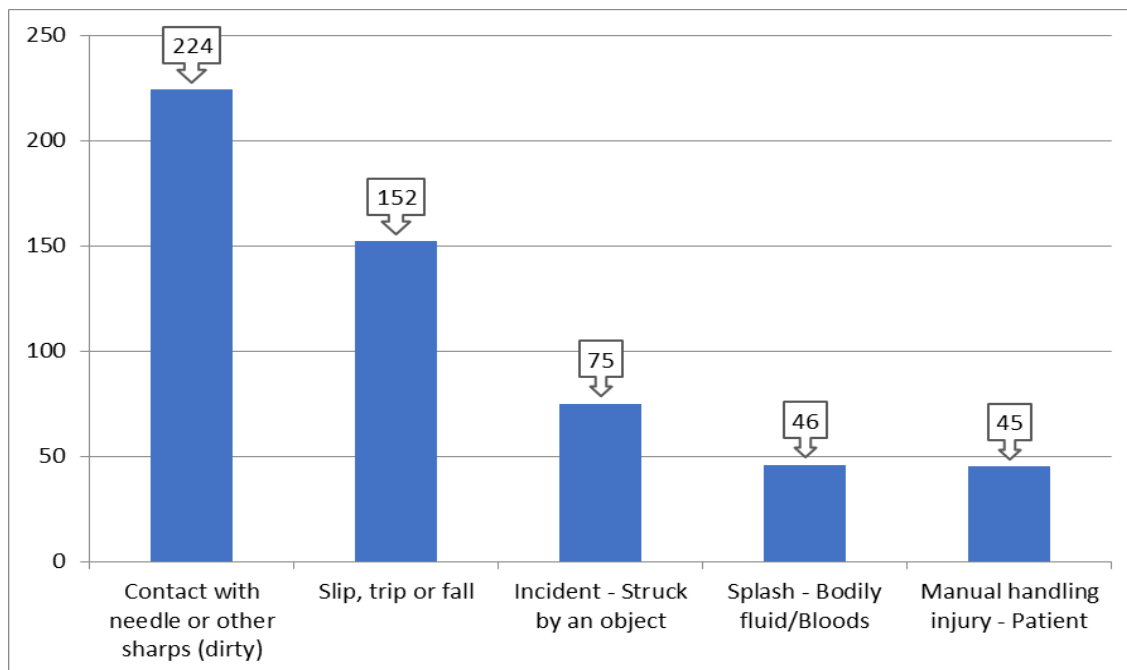


Figure 8: Health and Safety Incidents 2022/23 by Site



During the reporting period the highest type of incidents occurring within the Trust are contact with dirty sharps, falls, struck by an object, bodily fluid splash and Manual Handling (Items assessed throughout the report).

Figure 9: Top five Datix Incidents



Slips Trips and Falls (Non-Patient)

Slip, Trips and Falls remain one of the highest reportable incidents for staff members with 152 Incidents (an increase of 52 Incidents on 2020/21) with an average of 12 incidents occurring a month (See Figure 10 & 11). The cause of Slip, Trips and Falls incidents are varied with no specific trend identified. Some of the common causes of this type of incident type relate falls over cables, falls off office chairs and falls resulting from liquid on the floor. A summary of recorded slips, trips and falls is presented at each site Health and Safety committee to ensure learning and subsequent action plans can be managed. In addition, proactive site assessments for slips, trips and falls across the public areas of the site (Internal corridors and stairwells / external grounds) continues to be in place and identifies potential fall hazards. Within the new reporting period the Health and Safety Team will have a targeted focus on the Royal London Hospital Site and Whipps Cross University Hospital Site. As Slips Trips and falls have had percentage increase of 56% and 79% respectively. The target audits will work with the new in sourced Soft Service Team to reduce falls risks such as water spills.

Figure 10: Slip, Trips and Falls

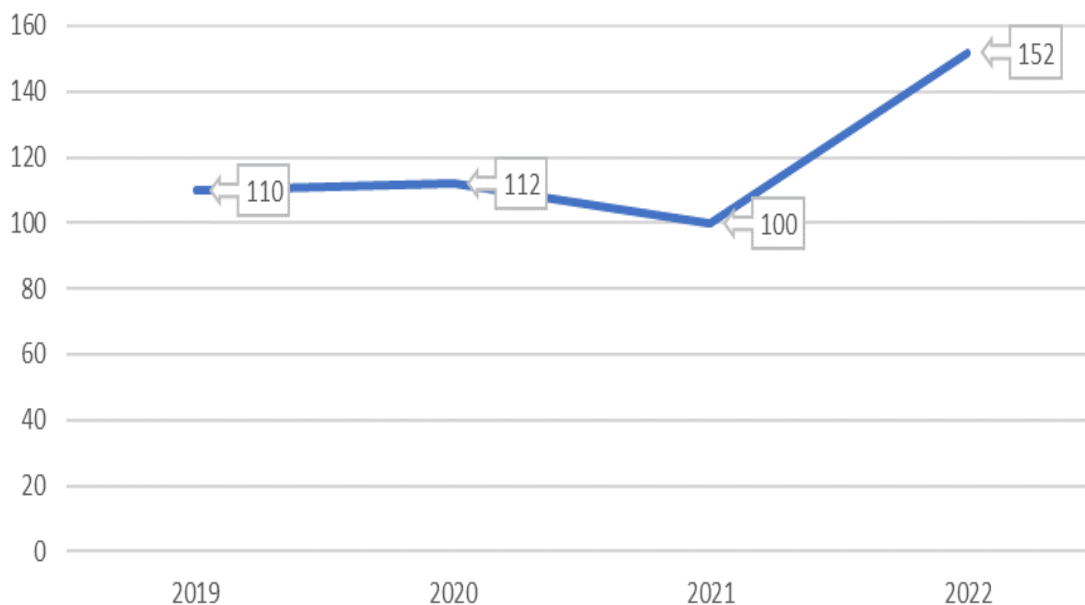
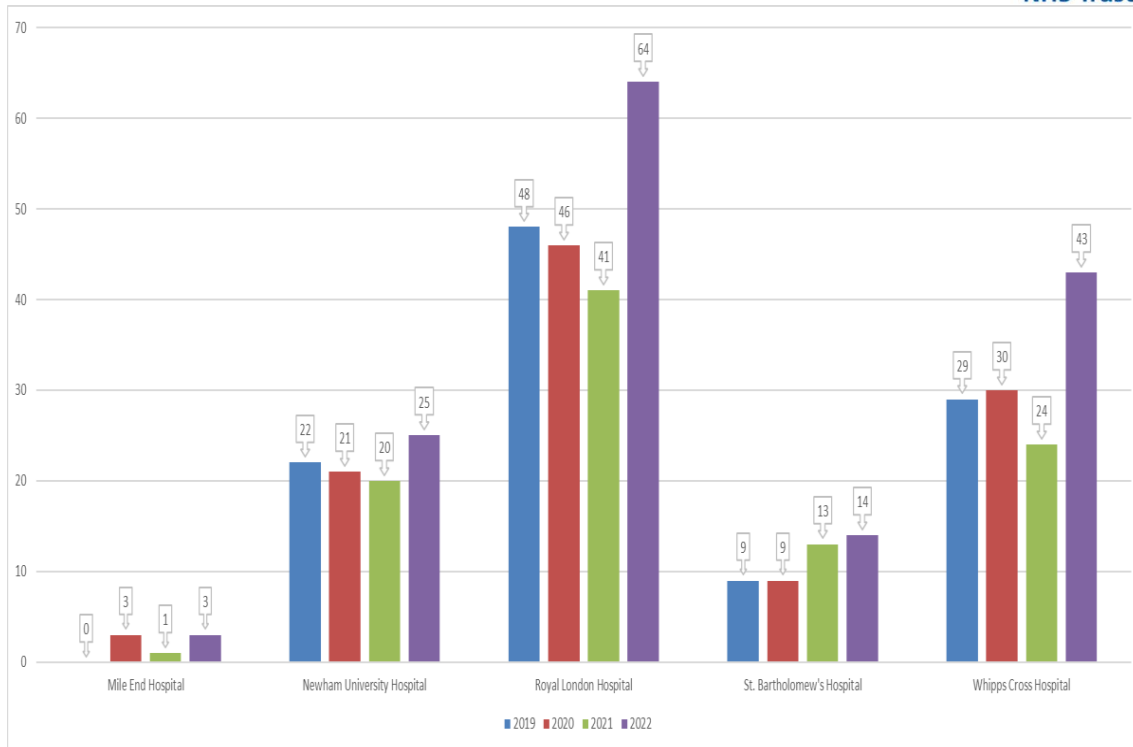


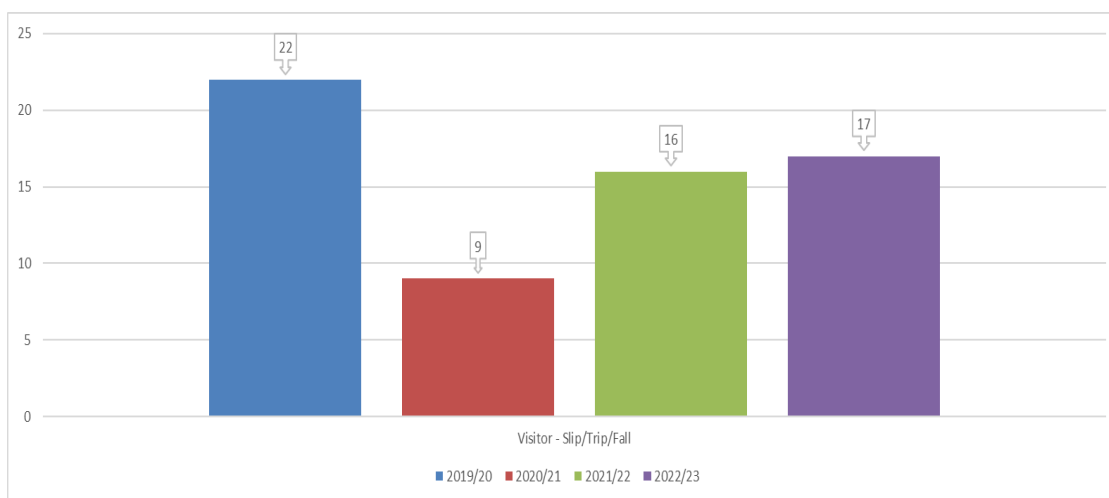
Figure 11: Slip, Trips and Falls Data Trend analysis.



Safety incidents affecting Members of the Public

Injuries involving members of the public have remained low over the number of years, with 46 members of the public were injured within the Trust premises, 17 incidents were the result of a fall (See Figure 12).

Figure 12: Public injuries within Trust premises.



Health and Safety Claims

The Trust has 171 Open claims related to Health and Safety incidents under Liabilities to Third Parties Scheme (LTPS). The claim type is split into employer’s liability (119) and public liability (52) claims. Within the reporting period the Trust received 7 Claims related to Health and Safety Topics. The public liability claims related to the suitability of the Trust environment under the umbrella of Health and Safety (See Table 5 & 6). On assessment of Claims Slips, Trips and falls account for 42%, which corresponds to the Slip, Trips and Falls being one of the highest incident Trends. The number of claims correlates with Royal London Hospital Site and Whipps Cross University Hospital Site having the largest incidents of falls within the Trust (See Figure 13). The causation is a mixture of internal falls i.e. slipped on water and falls due to the condition of the external site.

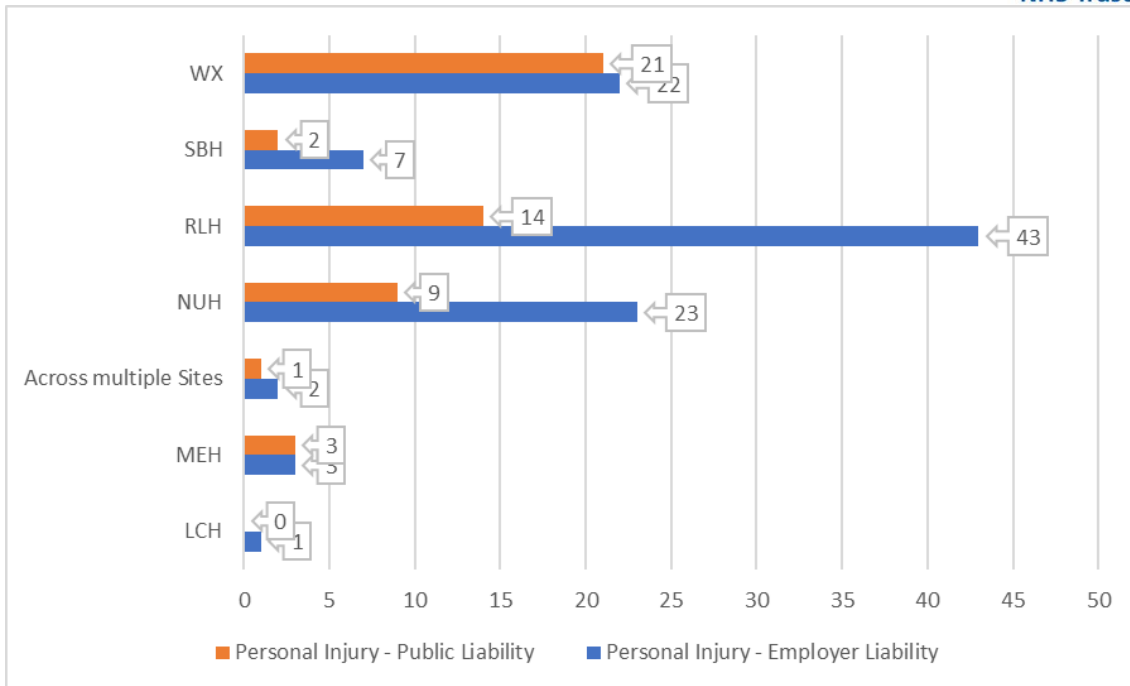
Table 5: Top Personal Injury Claims – Employer Liability

Causation	Number of Open Claims
Slips, Trips and Falls	41
Manual Handling	20
Violence & Aggression	18
Struct by an Object	12

Table 6: Top Personal Injury Claims – Public Liability

Causation	Number of Open Claims
Slips, Trips and Falls	30
Struct by an Object	6
Violence & Aggression	4

Figure 13: Claim Type by Hospital Site



The implementation of a positive active Health and Safety Culture can act to improve the local environment. The Site based Health and Safety Advisors focus in 2023/24 is the need to improve Environment to reduce Slips, Trips and Falls such as collaborative working with the newly in sourced Soft Services Team to reduce accident trends caused by falls on wet floors during / post cleaning.

Safety Engineered Devices/ Safer Sharps

The Trust have implemented measures to avoid occupational exposure to blood borne viruses including prevention of sharps injury training as a e-learning package. Steps continue to be made towards the use of safety devices where clinically suitable to comply with the Health and Safety (Sharps Instruments in Healthcare Regulations 2013) which is monitored through the Safer Sharps Group such as a Safer Sharps Policy. The Safer Sharps Policy is being used as a focus driver to remove unsafe sharps devices and provide a standardised materials ordering process.

The Safer Sharps Group continues to educate, promote, and monitor the safe use and disposal of sharps. Site based workstreams have been implemented and continues to ensure that sharps and sharp waste streams are available and suitable for use. The Safer Sharps Groups continues to assess the sharps devices available whilst working with the Procurement Team replace Sharp Devices with a safer alternative.

Within the reporting period 257 incidents occurred with staff members having had contact with a dirty/used sharp item. Of these 224 staff related to contact with Dirty Sharps incident occurred, this is a significant increase on the previous year by 61%. The Royal London Hospital Site accounts for 49% of Incidents. A deep dive on the incident to determine the location of incident noted three areas account for 40% of incidents Theatres 15%, Dental 13% and Maternity 10%.

A key new report characteristics have been the introduced to target incident causation 1) type of device involved 2) was a safer sharps device used. It was noted that the highest incidents occurrences related to use of Sutures and Butterfly Needles. A Safer Sharps Sub Committee has been established to focus on incident reduction with these items. Following the initial data highlighted that 49% of incidents occurred whilst using a safer sharps device. As a result, the Health and Safety are developing a Safer Sharps Training Program to address the training gaps on the use of the equipment (See Figure 14 & 15).

Figure 14: Incident related to Contact with Dirty sharps by Site.

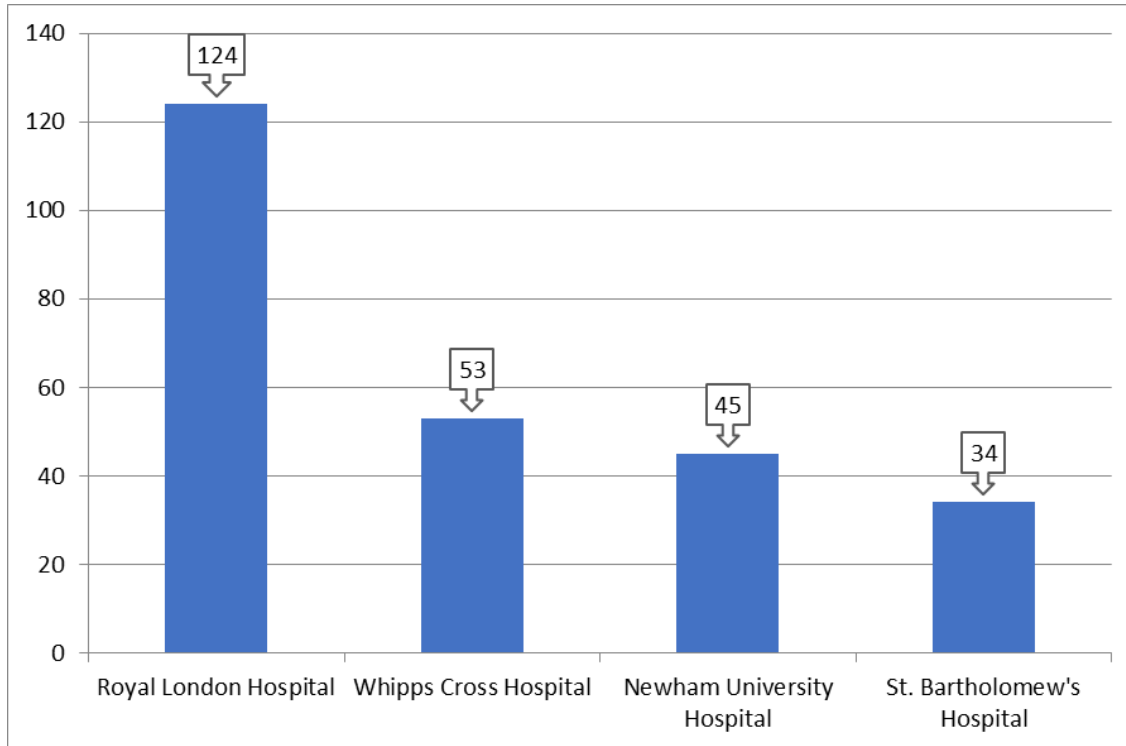
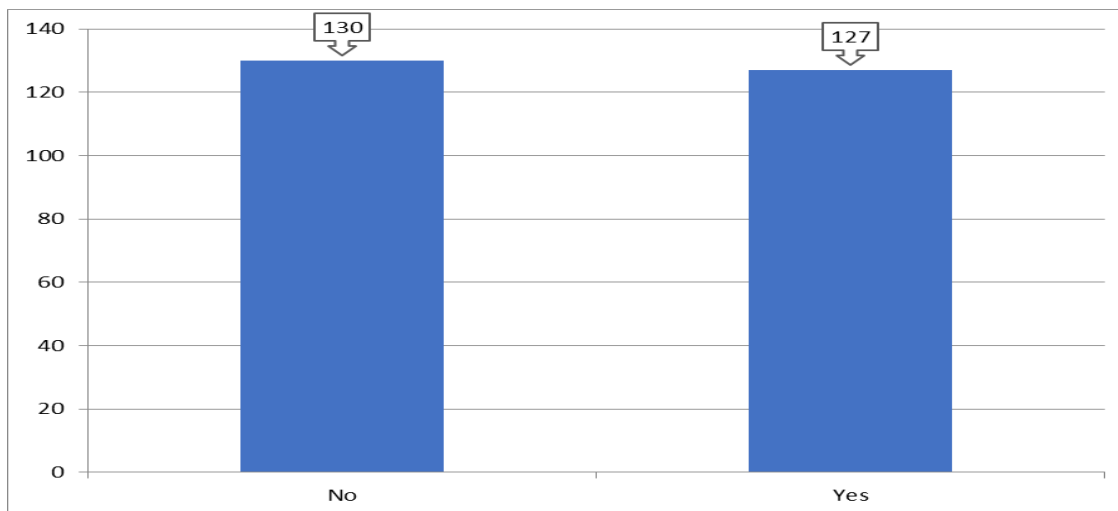


Figure 15: Incidents involving Safer Sharps Device



Staff Health Surveillance of Environmental Exposure

The various Health and Safety Team’s work in partnership with the Occupation Health Team and Clinical Teams to undertake health surveillance to assess individual staff

members, on their health and environmental needs, which allows them to safely undertake their duties in the workplace. The rationale is to detect adverse health effects resulting from occupational exposures as early as possible, so that appropriate preventive measures can be introduced promptly. The findings from health surveillance can be used to indicate a significant hazard, the adequacy of control measures, individuals at increased risk, baseline medical data, benchmarks for preventive action and opportunities to provide health education and building alterations.

The Trust will undertake Health Surveillance under Regulation 6 of the Management of Health Safety at Work Regulations 1999 for staff members who are likely to be exposed to a hazard such as solvents, fumes, dusts, biological agents, and other substances hazardous to health. The Health Surveillance aims to put in place systematic, regular and appropriate procedures to detect early signs of work-related ill health among staff exposed to specific health hazards; and to act on the findings.

Surgical Smoke Exposure Analysis

During the reporting period the Health and Safety Team undertook assessments of Surgical Staff exposure to respirable particles and chemical during Diathermy and laser usage within Operating Theatres. Analysis was undertaken within 10 Theatres (Newham and Royal London 3 at each site; Barts and Whipps Cross, 2 at each site) to measure personal exposure of surgeons to respirable particles (those which are $\leq 4 \mu\text{m}$ in diameter) and the exposure of surgical assistants to acetonitrile, benzene, styrene, toluene and xylene.

During the assessment it was noted that all staff members were exposed to surgical smoke in various amounts dependant on the clinical procedure.

It was noted that the “Surgeon” staff group are exposed to the highest level which is predictable based on the proximity to the surgical field (See Table 6). As it has been shown from literature review that standard surgical face masks do not provide adequate protection in filtering the smoke or the smoke particles as surgical masks capture particles larger than $5 \mu\text{m}$.

The main recommendation from the independent study was that all diathermy units in Theatres within the Trust are to be equipped with the smoke extraction units so that staff exposure to diathermy smoke can be minimised.

The Trust is undertaking clinical trials to determine the most effective local smoke extraction to comply with the independent report recommendations.

Table 6: Surgical Smoke Exposure

Date	Location	Sampling Time /h:min	List Type & No. patients	Surgeon	Particle Concentration ($\leq 4 \mu\text{m}$) / mgm^{-3}	
					Average	Maximum
14.11.2022	Barts T1	1:46	Breast (1)		0.018	0.296
	Barts T1	2:52	Breast (1)	Names removed for this version of the report, please see Report R2022/369 for the names of the surgeons	0.002	0.053
16.11.2022	RLH T5	2:35	Plastics (1)		0.022	3.01
	RLH T10	2:55	Thoracic (1)		0.027	3.04
17.11.2022	RLH T11	4:49	Spinal laminectomy		0.069	16.4
18.11.2022	Newham T3	3:17	Lap chole (1)		0.087	45.1
22.11.2022	Newham T4	1:20	Gynae (1)		0.042	4.24
23.11.2022	Whipps T10	2:08	Breast (2)		0.009	5.75
	Whipps T8	2:11	Laparoscopic gynae (1)		0.002	0.27
24.11.2022	Newham T5	1:16	Elective C-Section		0.054	4.21

Acid Vapour Exposure

Assessment of the workplace environment was undertaken by investigation of the levels of peracetic acid and its breakdown components within Endoscope washrooms at St Bart’s Hospital, Newham University Hospital, Whipps Cross University Hospital, The Royal London Hospital and Mile End Hospital. The independent test determined no incidents of concern.

Entonox Exposure

Nitrous oxide is considered a safe option for pain relief during childbirth, delivered as a 50/50 mix with air called ‘Entonox’. Prolonged exposure to the gas could lead to vitamin

B12 deficiency and anaemia and has been linked to fertility problems. Studies of healthcare workers have investigated whether nitrous oxide increases the risk of miscarriage or produces adverse effects on the foetus, but there is no convincing evidence that this is the case. Midwives are more likely to work long periods in the labour rooms so are potentially at higher risk than doctors who tend to attend intermittently.

The use of Nitrous Oxide within the NHS received significant media attention within 2022/2023, because of The Princess Alexandra Hospital in Harlow, Essex suspending the use of Entonox in its maternity unit after air quality tests found levels of nitrous oxide may have put healthcare workers at potential risk of harm. As a result, NHS England published new guidelines in March 2023 requiring NHS Trusts to undertake Staff exposure testing.

The Trust has been undertaking Entonox exposure testing since 2007, to satisfy the requirements of Regulation 10 of the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). The long-term (8 h TWA) WEL for nitrous oxide is 100 ppm. During the 2022/2023, 40 Maternity Staff were tested across the Trust as a representative of normal working procedures. All sampling tubes recorded staff exposures which were below the nitrous oxide Workplace Exposure Limit (WEL), with exposures ranging between 2.5 and 67.2 ppm as an 8-hour time-weighted average (TWA). It was determined that the exposures were not a cause for concern.

Central Alert System

The Central Alert System (CAS) is an electronic cascade system developed by the Department of Health and is a key means by which to communicate and disseminate important safety and device alert information within the NHS. The CAS facilitates distribution of safety alerts, emergency alerts, NHS Improvement Patient Safety Alerts (NHS-PSA), Medical Device alerts (MDAs), Drug alerts, Estates alerts, field safety notices/Recalls, Chief Medical Officer messages and Dear doctor letters. Trusts are

required to implement and maintain systems for alert dissemination and review in accordance with Care Quality Commission regulations and the DB2011(01) “Reporting Adverse Incidents and Disseminating Medical Device Alerts”. During the reporting period no Estates and Facilities CAS alerts with actions from the Health and Safety Team were issued.

Premises Assurance Model

The Premises Assurance Model (PAM) provides individual Trusts with a mechanism of measuring how well they run their estate. It has the advantage of providing a diagnosis that is based on comparing chosen dimensions of a Trust’s estate with those of other relevant Trusts. The NHS PAM is a management tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services. It is a basis for:

- Providing assurance to the Trust Board, patients, commissioners and regulators on the safety and suitability of our estates and facilities.
- Providing a nationally consistent approach to evaluating NHS Estates and Facilities performance against a common set of questions and metrics.
- The provision of data to assist the prioritisation of investment decisions to raise standards.

This diagnostic is critical because the NHS estate is an important enabler of high-quality NHS services as well as a potential source of major risk to safety and service delivery.

The NHS Constitution contains two pledges that relate to the premises in which healthcare is delivered:

- Services are provided in a clean and safe environment that are fit for purpose, based on national best practice.
- Continuous improvement in the quality of services users receive, identifying and sharing best practice in quality of care and treatments.

PAM identifies those areas of premises and services where the NHS Constitution needs to be considered, where assurance is required and provides data outputs from the Trust with a range of Nationally recognised performance metrics across Estates & Facilities functions.

Completion of the PAM assessment and submission to the Trust Board is a recommendation from the Department of Health and is linked to the NHSE Carter returns and increasingly referenced in CQC audits as a requirement.

The PAM Self-Assessment Questions (SAQs) are grouped into five Domains; these are broken down into individual and further sub-questions known as prompt questions. The model is completed by scoring the Prompt Questions under each SAQ.

The five domains:

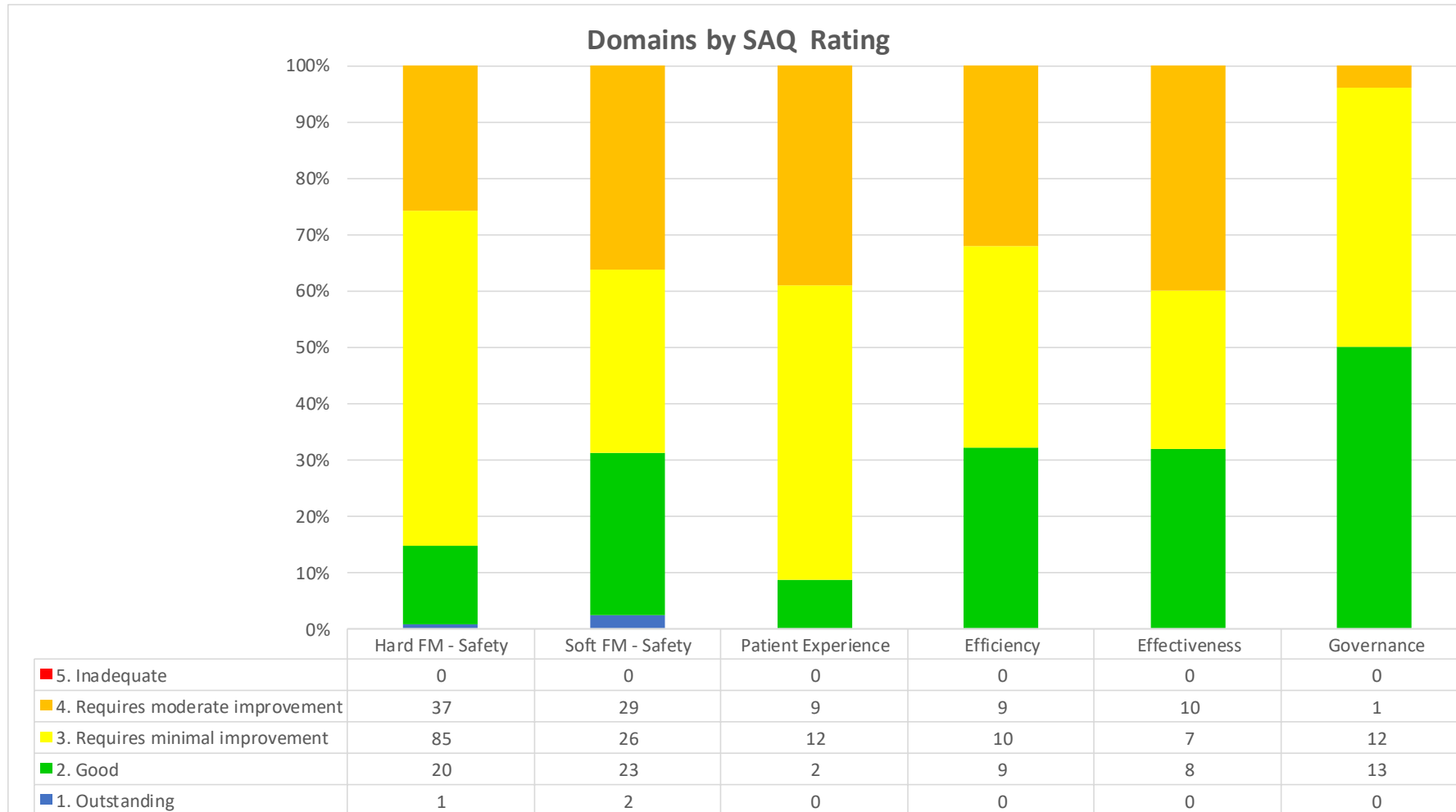
1. Safety (Hard and Soft Facilities Management)
2. Patient Experience
3. Efficiency
4. Effectiveness
5. Organisational Governance

The Assurance Model provides a tool to enable the Trust to assure to our patients, commissioners, and regulators that robust systems are in place to demonstrate that our premises and associated services are safe.

To assess compliance the PAM is monitored for compliance within the Estates Management Oversight Group (EMOG) which is chaired by the Group Director of Estates and Facilities. The EMOG Governance Group has established peer groups across a number of disciplines to assess compliance including Infection Prevention, Health & Safety, Risk Management, Medical Devices, Emergency Planning, Estates & Facilities Management Performance & Quality Teams and other Specialists.

Following assessment of the 2022/23 data, no area has been determined as inadequate, there are a number of moderate risk occurrence which have decreased across the PAM topics. Where topic gaps have been identified, actions plans have been generated at Site Level to ensure that non-conformances within PAM standards are recorded and appropriately managed, to demonstrate continued and targeted improvement. It must be noted three areas are rated as Outstanding within the Health and Safety domain and Decontamination Domain (See Figure 16).

Figure 16: PAM Summary data for 2022/23



Fire Safety

Number of Fire Alarm activations

Within the Trust over the reporting period 501 fire alarm activations occurred across the Trust an increase of 14% over last year, an average of 42 incidents a month (See Figure 17 - 19). The highest cause of fire alarm activation is related to unknown persons activating a call point (41% of incidents). Of the 501 fire alarm activations 113 incidents resulted in London Fire Service attendance this is directly related to the removal of the Fire Service Call screening process at Newham University Hospital (95 Incidents). The Call Screening process introduces a five-minute incident determination prior to contacting the Fire Service. The call screening process was removed as part of the Newham University Sites additional mitigations in addressing the Fire Service Enforcement Notice.

Figure 17: Fire Alarm Activations

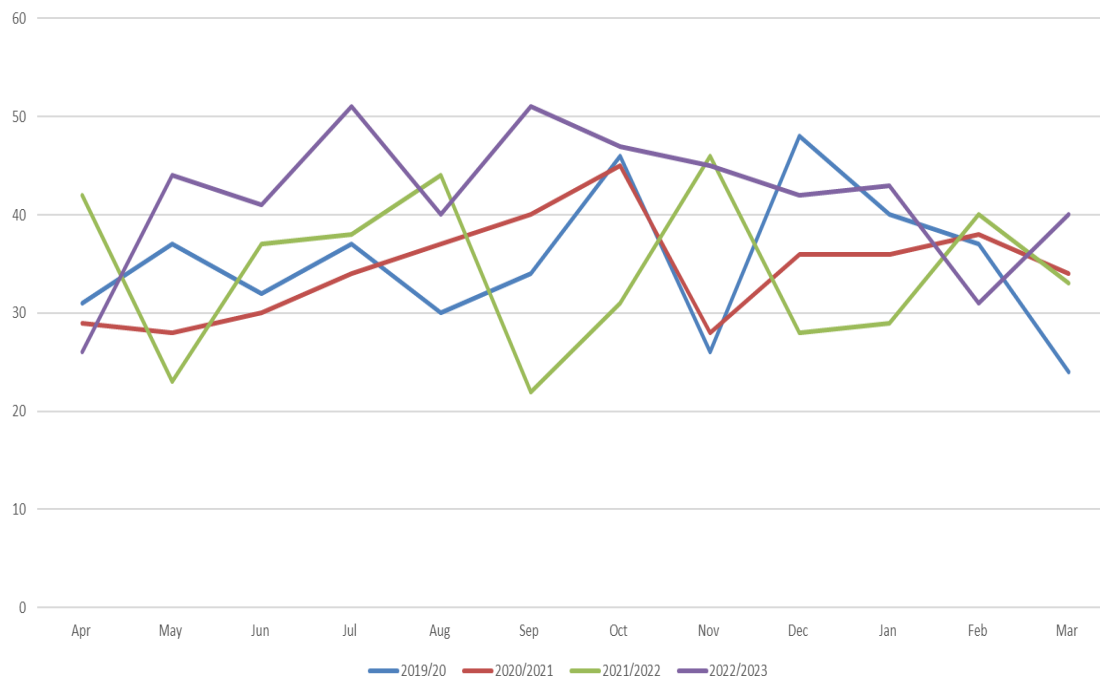


Figure 18: Fire Alarm Trend data

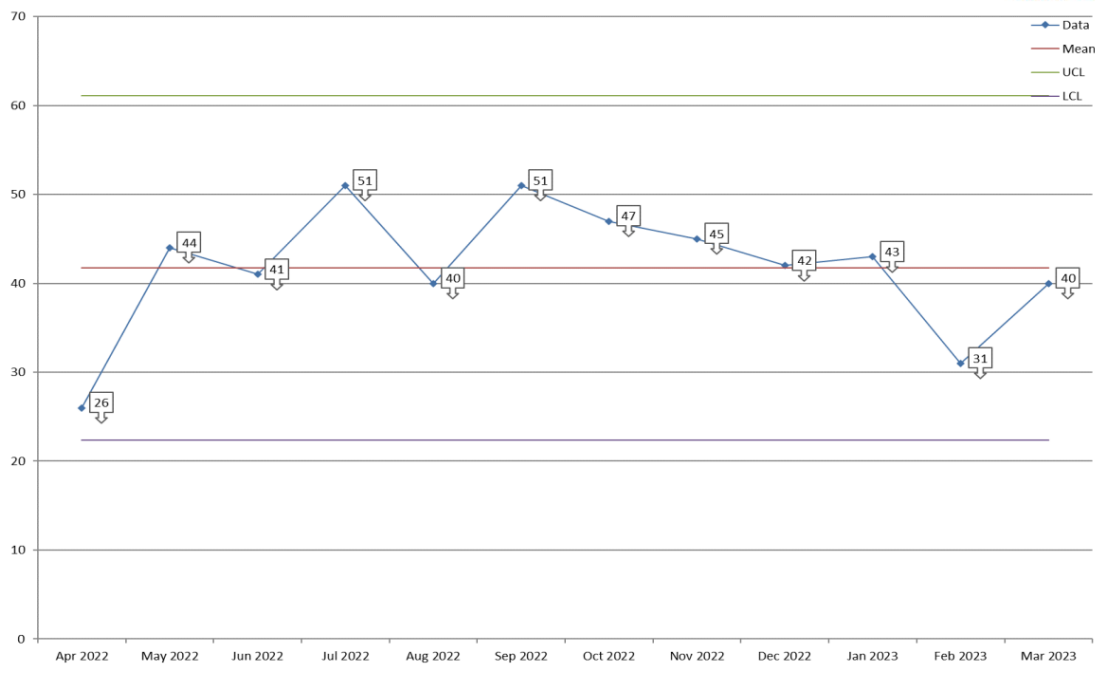
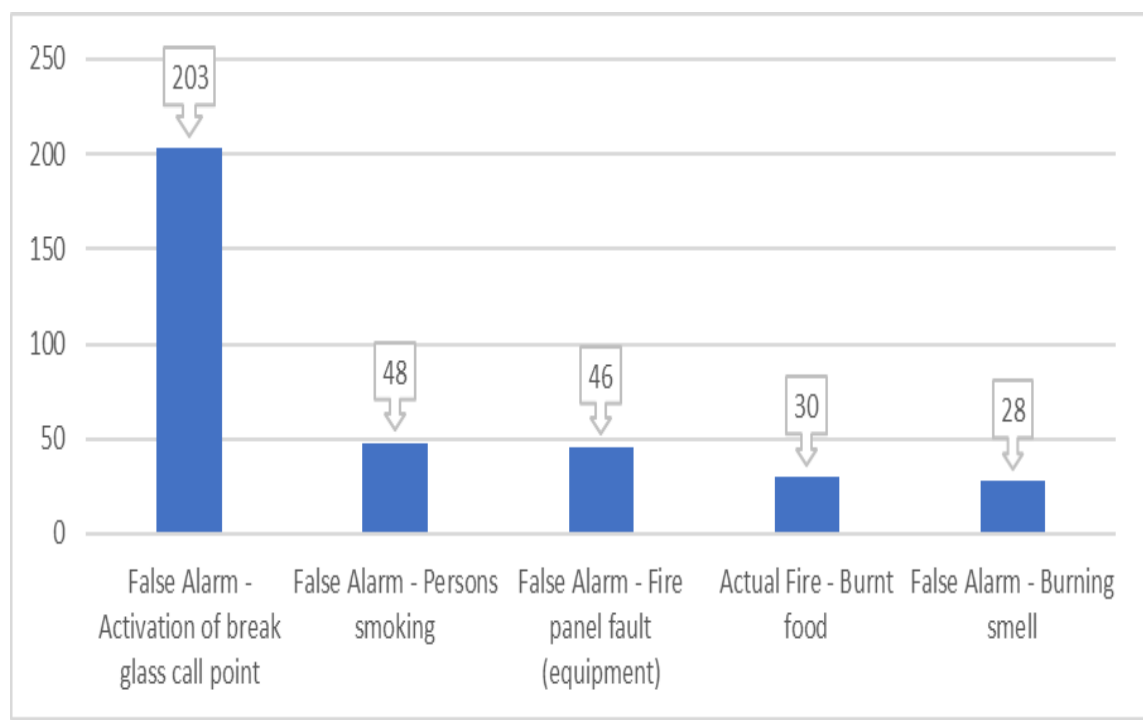


Figure 19: Top 5 cause of false fire alarm activations



Fires Reported

During the reporting period 19 fires occurred within the Trust grounds and premises, relating to 4% of fire incidents (See Table 7). The number of fires within the Trust decrease by 2 incidents. The main cause of fires year on year relate to occurrence of electrical items result in 53% of fire related incidents.

Four incidents of suspected arson were the result of persons unknown setting bins on fire within the grounds. It is unclear if these incidents are the result accidental ignition following poor disposal smoking materials or malicious act.

Of the patient action fire incident, one was the result of a patient igniting their Oxygen nasal line whilst smoking within Resus at Newham. This incident was quickly addressed by local staff members extinguishing the fire. The incident resulted in no harm to the patient or staff.

Table 7: Number of Fires

Fires	2022/2023	2021/2022	2020/2021	2019/2020
Faulty or badly positioned heater	0	1	2	0
Overheated or burnt-out machinery	10	12	9	6
Patient action	5	5	2	8
Suspected deliberate/Arson	4	3	5	2

Capital Project Plan

Over the last 12 months the Fire Safety Team and the Capital Projects Team continue to deliver on-going fire safety improvement plans across the Trust working in conjunction with the Trust Capital Projects Team. The Capital Projects Team have undertaken an ambitious Fire Safety improvement project with an extensive scope converting and renovating several areas with an investment of £5.8 million across the Trust (excluding Newham University Fire Compliance Project, which is separately funded).

A Capital Improvement Plan has been created because of and in conjunction with the Notices of Deficiencies from the London Fire Service & Enforcement Notices from the London Fire Service coupled with the Trust Fire Risk Assessment findings. The significant progress with refurbishment works is focused on reducing the number of high-risk level fire safety items within the Trust risk register. The Newham Project Management Team

have been coordinating the Newham University Hospital Bed Management model and Fire Safety upgrades to achieve compliance with the Fire Service Enforcement Notice.

Capital Projects governance is observed and managed within the Fire Safety Steering Committees for adherence to its duties under the Fire Safety Order to comply with the Fire Safety Notices and Building Regulations requirements.

Fire Service Inspections and Warning Notices

Over the past twelve months the London Fire Service has conducted formal audits of the Bart's Health NHS Trust Premises. The Trust are currently working towards completion and compliance with the Fire Enforcement Notice issued to Newham University Hospital Site and Notice of Deficiencies issued by the London Fire Service on Whipps Cross University Hospital Site and St. Bartholomew's Hospital Site.

Newham University Hospital

Newham University Hospital received a Fire Service Enforcement Notice under the Regulatory Reform (Fire Safety) Order 2005 on the 09th of September 2020 from the London Fire Service. This notice requires the entire Newham University Hospital Site to be fire safety compliant with the Enforcement Notice by 09th March 2022. The Group Director of Estates and Facilities has been in discussions with the London Fire Service to obtain an extension to the Enforcement Notice, these discussions have been successful with an extension granted to the 29th of November 2024.

The Enforcement Notice has been placed on the public register, entries on the register will be kept by the London Fire Service for a period of at least three years.

To address the fire safety defects within the Newham University Hospital Site a dedicated project team has been developed with the required stake holder and required specialists to achieve compliance. To address the Fire Service Enforcement,

Notice the Site has been fragmented into Project Phases with 7 phases in total. With the current bed modelling it is expected that the project will achieve the November 2024 target (See Table 8).

The scale of the fire safety improvement project to accommodate completion of the enforcement notice requirements is an ambitious program, both in terms of bed modelling and departmental renovations. The program completed Phase 3 of the Capital Improvement Plan.

Table 8: Newham Fire Renovation Program

Area	Phase
Plashet	1
Beckton	1
Maryland	1
Forest	1
Boleyn	1
Bed Store	1
Theatres	2
Rainbow	2
Sandalwood	2
Gateway Surgical Center (Internal)	2
West Wing	2
Maternity Bookings & Antenatal	2
Greenway Centre	3
Clinical Engineering	3
Education Centre - First floor	3

NHS England Safety Case

During a visit to the site from NHS England in September 2022, it was proposed that the Newham University Hospital Site should carry out a 'Fire Safety Case' to determine a risk based & financial based approach for undertaking Phase 4 – 7 of the Refurbishment programs.

The building poses both a patient risk and business critical risk in relation to fire due to its non-conformities; this statement is relevant, as patients/users would be at greater

risk than that of a complaint hospital. Additionally, a business-critical risk is posed due to the non-conformities, as a fire would spread further than it would in a compliant hospital, this would mean the downtime in repairs any damage caused by a fire would be increased. It is also worth noting the impact this would have on the local community and NHS London. The Fire Safety Case sets out the Trusts position in relation to a process to achieve compliance with the London Enforcement Notice with regards a difficult funding back drop from NHS England. Currently the Trust is awaiting a response from NHS England to the Trusts funding application based on risk mitigation.

Whipps Cross University Hospital

Following a Fire Service inspection of the Whipps Cross Site the Trust received a Notification of Fire Safety Deficiencies on the 15/10/2018. The Fire Service raised concerns over the lack of fire compartmentation and provision of a fire alarm system, emergency lighting system. The Notice required the Trust to commence remedial works by the 30th of November 2018. The Whipps Cross University Hospital Site initiated a six-year renovation plan, the currently with year four of the program. As a result, the Whipps Cross University Hospital Site has renovated 85% of the Site to a Fire Safety compliant standard (See Table 9).

Table 9: Whipps Cross Refurbishment Projects

Refurbishment Project
Victory Ward
Faraday Ward
Main X-Ray Junction 8
ICU redevelopment

St. Bartholomew's Hospital Site

Following a Fire Service inspection of King George V Wing on the 06/02/2023 a Notification of Fire Safety Deficiencies was issued in relation to the condition of the Fire Compartmentation. The Trust and Capital Hospital are required to confirm with Notification by 30/09/2024. Capital Hospital are currently undertaking surveys and remedial works to achieve compliance with the Notice.

Safety Training

Fire Training

The fire training target is set by Learning and Development at above 85% as compliant for departmental areas and hence site; it was determined that Trust compliance is 87.5% (See Figure 20). As part of fire training compliance, the Trust offers Fire Warden Training. In the event of a fire the role of the fire warden is to assist in an evacuation in conjunction with the Trust Fire Response Team. This new training program offer the scenario-based exercise and live firefighting training. Within the reporting period the Safety Trainer delivered Fire Warden Training to 443 Clinical Staff and 16 Non-Clinical Staff. Within the next financial year, the Fire Team will be undertaking a Fire Warden drive to improve nonclinical fire warden compliance (See Table 10).

Figure 20: Fire Safety Training compliance

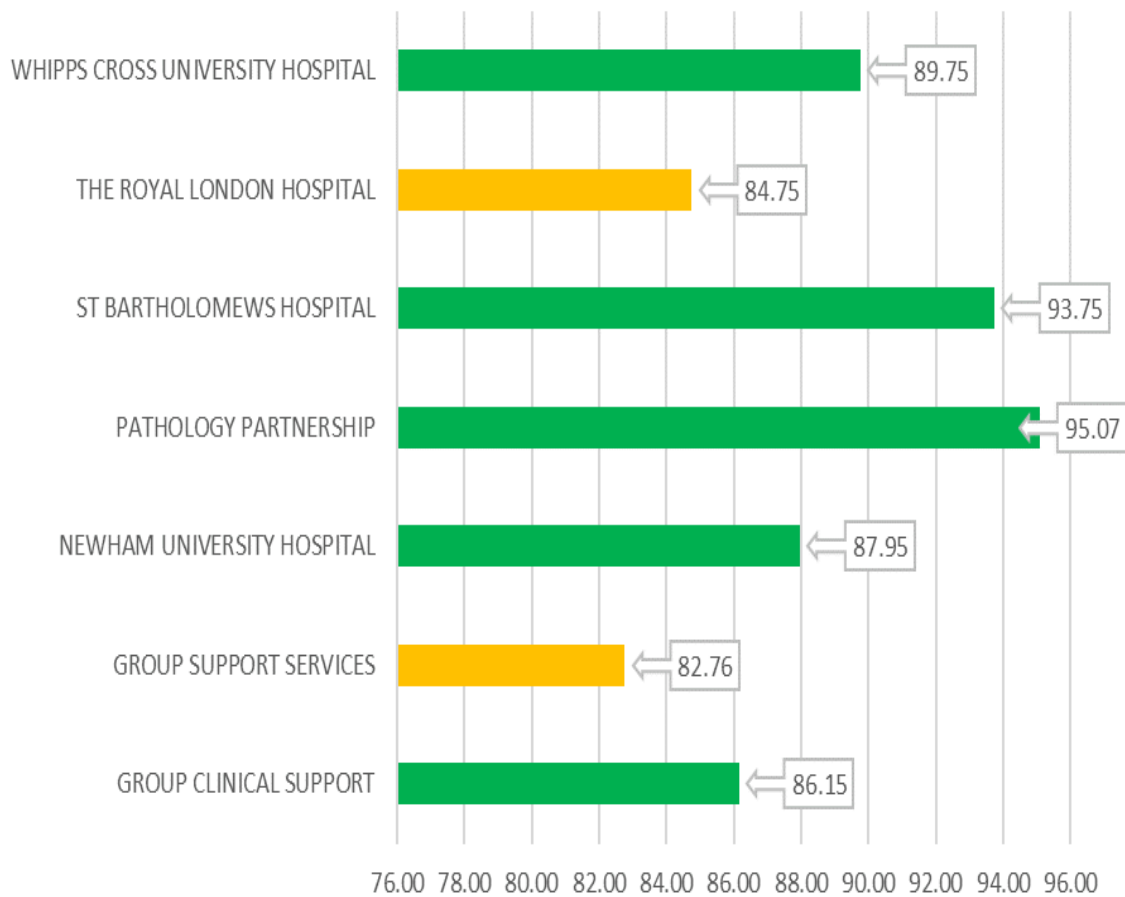


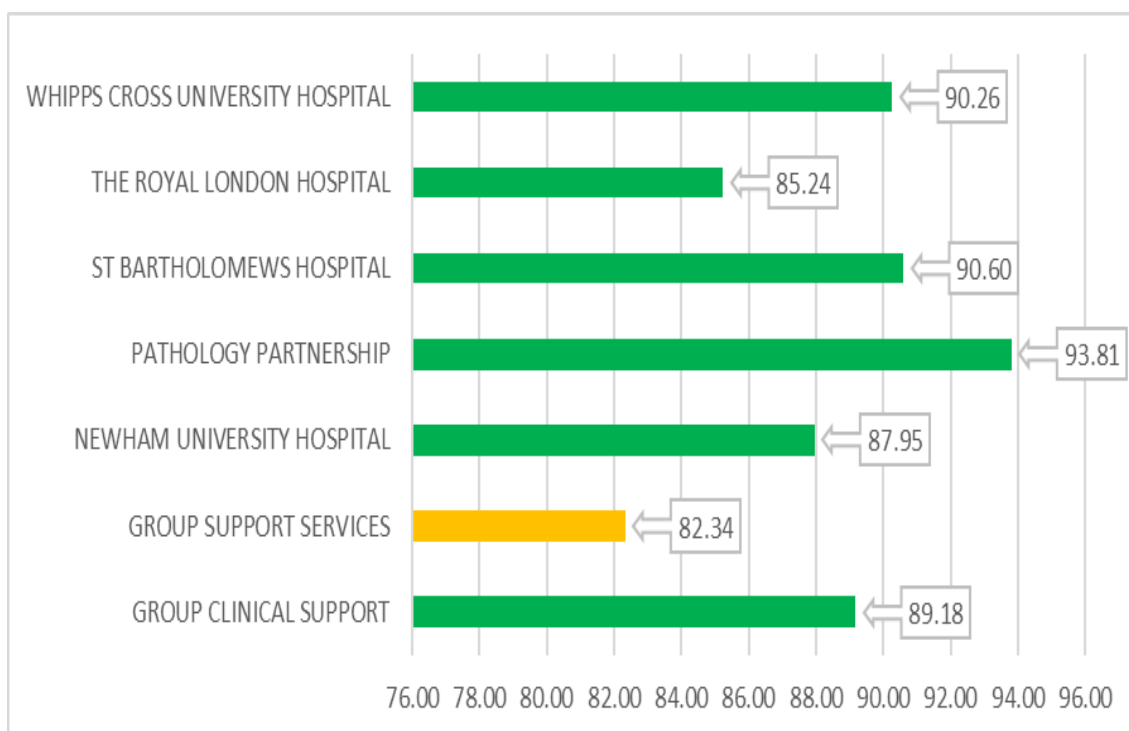
Table 10: Fire Warden Training data

Training	Attendees
Fire Warden Training Clinical	443
Fire Warden Training Non-Clinical	18

Health and Safety Training

The Trust recognises that sound training is part of safe clinical and non - clinical working practice and encourages employees to undertake courses designed to improve their health, safety and welfare. The provision of health and safety training such as Health and Safety Awareness is delivered by the Trust Learning and Development training portal. The Health and Safety training target is set at above 85% by department and hence site; it was determined that Trust compliance is 87% (See Figure 21).

Figure 21: Health and Safety Training compliance



First Aid Training

Within the reporting period the Health and Safety Team have introduced internally delivered First Aid Training delivered by the Trust Safety Trainer. The First Aiders are an integral part of workplace safety as set out in The Health and Safety (First Aid)

Regulations 1981 require all employers to make arrangements to ensure their employees receive immediate attention if they are injured or taken ill at work. This includes appointing a suitable amount of first aiders and providing appropriate first aid training. The Trust Safety Trainer delivers a Quallsafe Level 3 Award in Emergency First Aid at Work (RQF) which is a regulated and nationally recognised qualification. The Safety Trainer covers a range of emergency first aid situations for the attendees such as managing an unresponsive casualty, CPR, choking, shock, wounds and bleeding and minor injuries.

The Trust has delivered First Aid Training to 56 staff members achieving a recognised approved first-aider qualification to a Level 3 Quallsafe Certificate. The delivery of internal first aid training is a departmental cost saving of £350 per attendee.

Soft Services

Introduction

The Security Team and Reception Services successfully transferred from Serco to the Trust on 1st November 2022 and has since undertaken a period of service provision review.

Since transfer back in house the management team and on-site teams have been working diligently and effectively to identify, implement and action Health and Safety improvement measures across the organisation.

Security and Reception services are integral and vital services at the forefront of ensuring that we are implementing and monitoring Health & Safety practices, process and requirements across the Trust.

Strategic Engagement and Approach for Security Provision

Following Soft Services moving into the Trust a comprehensive strategic review of the Security and Reception function has been conducted. As a result, an action plan has been created and agreed with actions. A Change Project has been implemented with short-, medium- and long-term targets.

Following the transition from Serco to Trust a program of developing the professional growth and skill-upgrading of our security employees. The security managers have successfully completed an advanced physical intervention and conflict resolution BTEC level 3 accredited national trainers' qualification programme. This is the first step in establishing the Train the Trainer School and delivering a security-focused training program for Barts Health Trust's as well as our Security teams and Soft FM Team. Through knowledge and education, we hope to encourage and contribute to the management and decrease of violence and aggressiveness against Staff Members and patients.

The Security and Reception Team undertook a significant project to ensure that all relevant Health & Safety, Security documentation was updated to reflect the shift in responsibility from Serco to Trust, as well as to ensure compliance with all current legislation. These included, but were not limited to:

- Security and Counter Terrorism Operating Manual

- Medical Security Operating Manual
- Reception services Operating Manual
- Incident Management generic Standard Operating Procedures

Additionally, the Business Continuity Plans were updated for the Security and Reception Services for each Hospital Site, in conjunction with the Governance team providing assurance that associated risks will be minimised.

To ensure that we are effectively monitoring and identifying areas of improvement, including potential risks and hazards. The Security Team are developing a department specific auditing tool. The auditing tool will enable the Security Team to move to a proactive review health, safety and fire subjects. As a key function all Security Managers will receive Institution of Occupational Safety and Health (IOSH) Managing training into create a positive and proactive Health and Safety Culture. The department will also be able to use the audit to escalate any issues to the relevant parties, ensuring that they are addressed and resolved in a timely manner. This proactive approach to safety and security will help mitigate any potential risks or hazards and ensure that staff, patients and visitors are protected from harm. With the implementation of the audit, the department can continuously review and improve its safety and security procedures, providing a safe environment for everyone at Barts Trust.

The Security and Reception Services, alongside the wider Soft FM Team are keen to promote a digital first approach to service provision. Utilisation and implementation of the latest technology to drive compliance, diligence, and transparency in operational procedures. The systems team have created purpose built Electronic Daily Occurrence Reporting systems and a Security Sub-site, the use of these systems have allowed staff to reduce the administrative and allow them to increase their presence on the floor.

The Security Team recognises the importance of a proactive approach to security management and has therefore conducted an initial review of the Security and Reception functions. The aim of this review was to identify any immediate areas of weakness or opportunities for improvement. Post the final Serco transition of services

to Barts a formal strategic review will be undertaken of all the transferred services in line with the Trust organisational change policies and processes.

The rollout of Synbiotix, will allow the teams to incorporate the electronic patrolling system across the Trust. This system will allow for the effective monitoring of performance and positioning and capture/escalate relevant security, health, safety, and fire safety breaches and concerns.

The Hospital specific teams play a crucial role in ensuring the safety and well-being of all employees, visitors, and contractors within the Hospital Environment. The Hospital Teams are actively engaged in various committees to address different safety and security concerns that arise at the site.

Health & Safety Committee

The Hospital specific team's undertake active participation in the Hospital Health and Safety Committee's ensures that the Security and Soft Service Teams have an understanding of the hazards and risks present at their sites and are aware of the appropriate measures and actions required to prevent a incidents.

Violence and Aggression Committee

The Violence and Aggression Committee is a crucial intrinsic committee to the Trust which the Security Team is an essential part. The Hospital Security Team's and Clinical representation in this committee ensures that attendees are equipped with the necessary skills and knowledge to deal with violent or aggressive situations and can take appropriate action to protect everyone's safety.

Departmental engagement with the steering committee on Violence and Aggression (V&A) is an essential aspect of the Trusts commitment to promoting a safe and secure working environment for all employees, patients and visitors to our Trust. The Security Team are actively involved in this committee at the Director level, ensuring that senior

management has a comprehensive understanding of the risks and challenges associated with V&A and the appropriate action to mitigate and minimise the associated risks.

Incident Management Committee

The Hospital specific Security Team's participation ensures readiness to respond to any incidents effectively and efficiently, minimizing the impact of the incident on the Site's operations and ensuring the safety of everyone present.

The Security Team's engagement with external parties such as the Home Office and Community Police and Community Support Units is an important aspect. Demonstrating the Trusts commitment to maintaining a safe and secure working environment for all patients, visitors and employees. By working closely with these external parties, the Security Team can exhibit their expertise, knowledge, and resources to develop effective strategies for managing risks and preventing incidents from occurring. The sharing of intelligence, knowledge and information is a key component of the Security Teams engagement with external parties, ensuring that everyone is working towards a common goal of maintaining a safe and secure working environment.

Security Management

Security Incidents

During 2022/2023, there has been a significant increase in security incidents overall across the Hospital Sites, as Barts Health continues with business-as-usual operations as part of COVID recovery.

The Site Security Teams continue to support our Clinical Teams, Site users to manage and support with incidents proactively across all sites.

Verbal assaults continue to be the highest reported incident within the Trust. Year on Year comparative data shows the highest volume to date which is a result of increased footfall due to pandemic restrictions being reduced and finally lifted (See Table 11).

Table 11: Incident Types comparison

Incident type	2022/2023	2021/2022	2020/2021
Verbal against staff	636	497	343
Physical against staff	413	391	304
Thefts & Losses	227	141	262

Security teams continue to effectively remove patient/visitors from site who threaten extreme verbal and physical assaults, which is evidenced by the high volume of removals, 3842 (See Table 12).

Security continues to provide bed watch support for any physically and verbally aggressive patients, and officers are posted in high risk identified areas, such as Accident & Emergency to support in reduction of verbal assaults (See Figure 22 & 23).

Table 12: Security Trends

Security Incidents 2022/23	Number of Incidents
Urgent response calls	6114
Removals from site	3842
Intruder alarms	742

The Security Teams interact and engage weekly with the Site Clinical Managers, and Accident and Emergency Staff, to support in attending all calls of Physical Assaults, and Verbal Assaults across the Trust.

Statistical data is provided and shared monthly by the local Security Managers, Site Health and Safety Advisors and Estates and Facilities Managers. All instances reported of physical assaults against staff are followed up and investigated by the Hospital Security Managers via the Datix system.

The overall harm to staff was low across the trust with most reports, at zero harm, and a few of Low Harm Extra observations, and Moderate harm.

Figure 22: Number of Physical Assaults

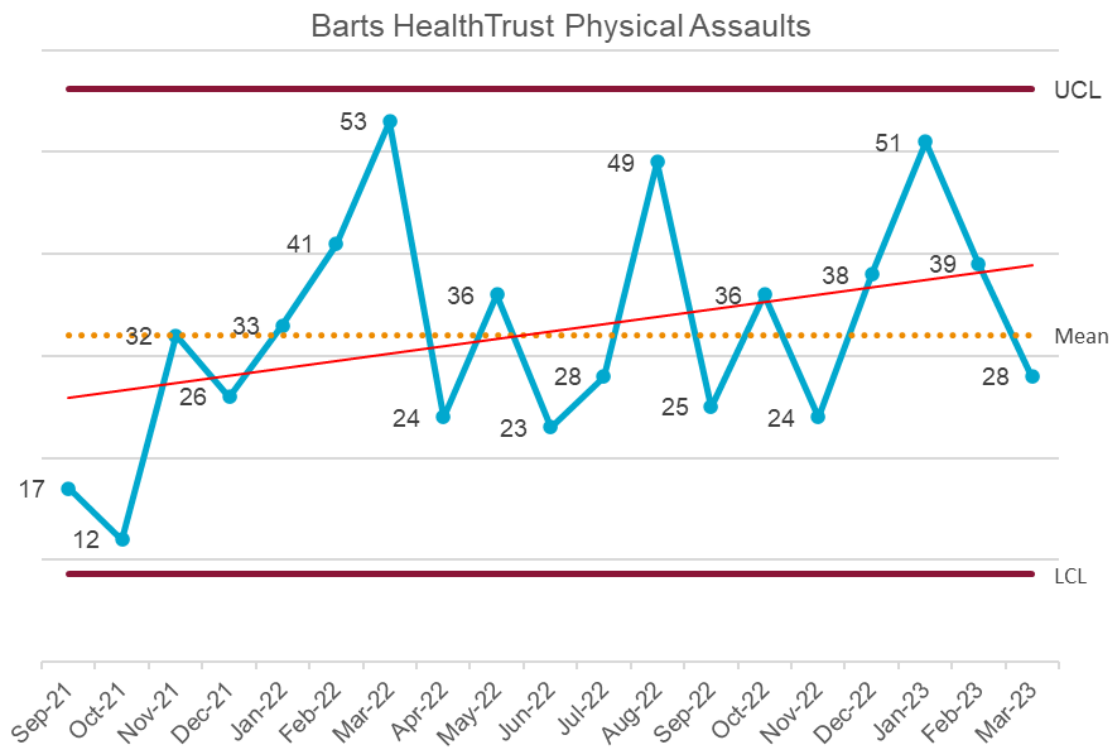
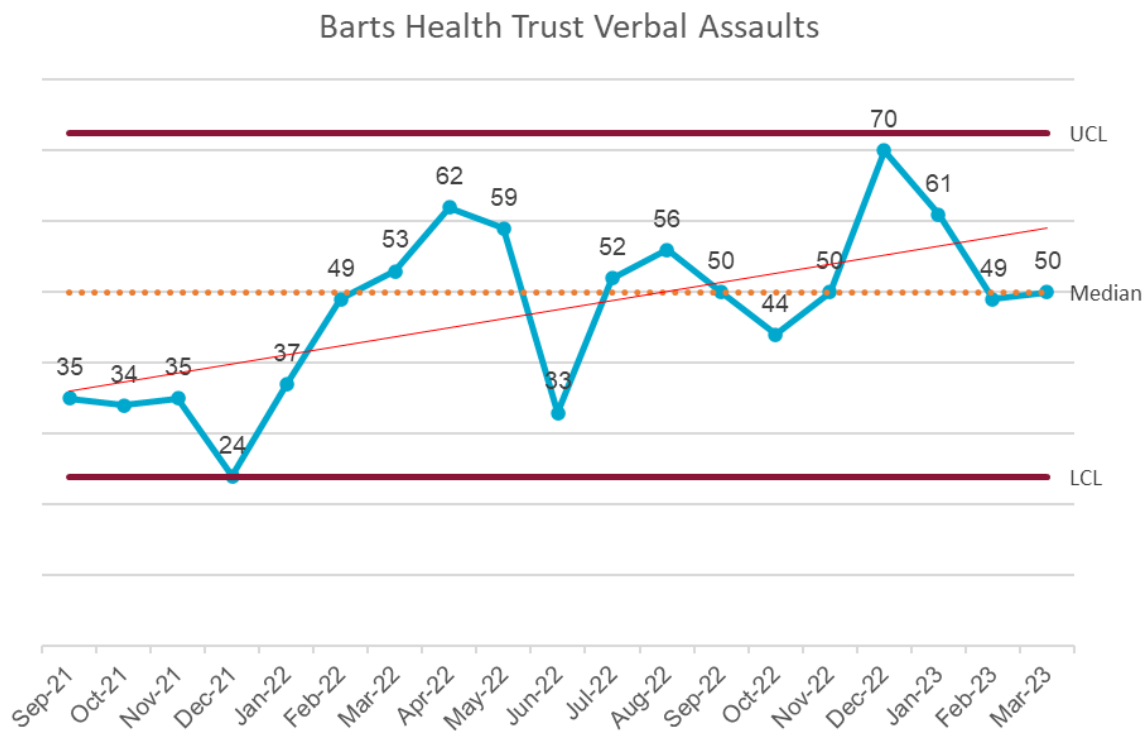


Figure 23: Number of Verbal Assaults



On assessment of the Physical & Verbal assaults across 2022/2023 per site. It was observed that the Royal London Hospital has the highest volume of verbal and physical assaults across the Trust.

The data highlights that Whipps Cross University Hospital has recently seen a spike in the physical assaults Jan 2023, however this has decreased in following months. On assessment it was noted that Mile End Hospital and St Bartholomew’s Hospital Sites have minimal occurrence of Physical & Verbal assaults (See Figure 24 & 25).Newham is one of the highest Sites with regards Physical & Verbal assaults due to the significantly high numbers of Mental Health Patients attending the Site and the social aspects of the wider community.

Figure 24: Number of Physical Assaults by Site

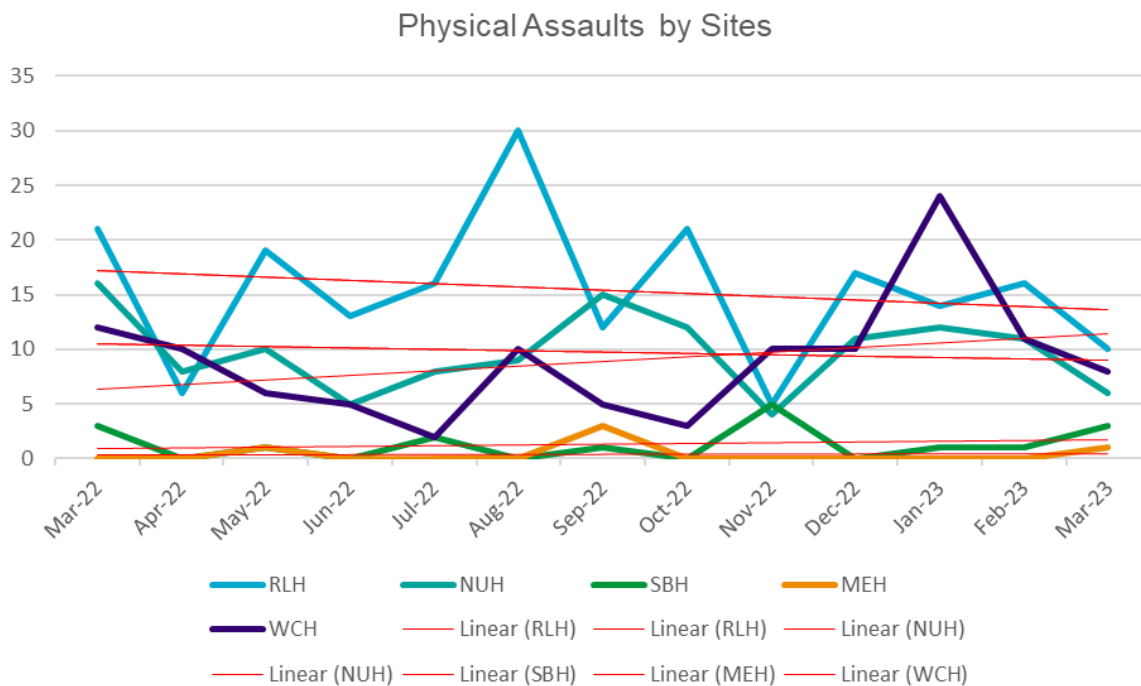
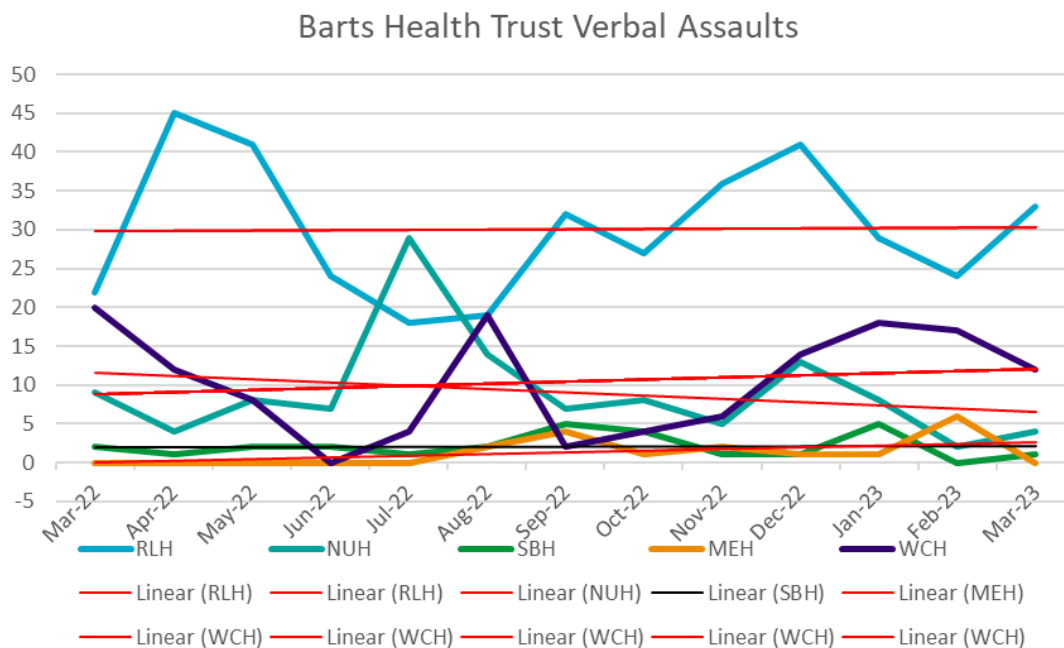


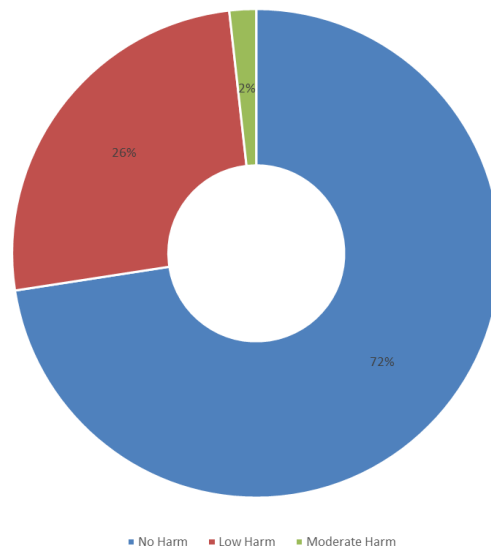
Figure 25: Number of Verbal Assaults by Site



Overall level of harm to staff across the Trust was recorded as low (26% of incidents, with the majority of reports resulting in Zero Harm 72% of occurrences, with only 2 % resulting in moderate harm.

The Security Team continues to provide support and assistance following a physical assault, by follow up with the injured parties, via Datix and contact with the ward/department where the incident occurred. It is imperative that we provide full confidence to the staff, visitors and patients that their safety is of paramount and high priority to the Trust.

Figure 26: Physical Assault level of harm



Thefts and Loss Incidents

Thefts and losses have increased within this reporting period when analysing comparative data from previous year. The majority of the crimes of thefts and losses are of low value items, such as push bikes from Royal London Hospital, Whipps Cross University Hospital and St Bartholomew’s Hospital (See Figure 27 & 28).

Newham University Hospital and Whipps Cross University Hospital experienced a spate of Disabled Badge thefts in November 2022 over a period of a month. The security team conducted an operation to stop the thefts from patient vehicles. This operation consisted of a covert and overt security presence in the area affected. The operation was successful as the thefts ceased and no further thefts of the badges have been reported.

The Royal London Hospital experienced some office thefts, that occurred through security breaches but these ceased July 22. All thefts and losses are investigated where possible by examining CCTV and Access Control in the areas affected.

The Security Managers conduct operations to ascertain areas affected by thefts and put in appropriate security measures to reduce the instances of thefts and losses. This involves working closely with the Site Estates and Facilities Teams to address any physical security breaches and failures identified.

During the reporting period the Security Team assisted in a Serious Incident Investigation of missing drugs (Propofol) from Theatres at Whipps Cross University Hospital. The Site Security manager supported the Medical Director, and Human Resources Team as part of the investigation by identifying and reviewing access controls and CCTV footage.

Figure 27: Reported Theft and Losses

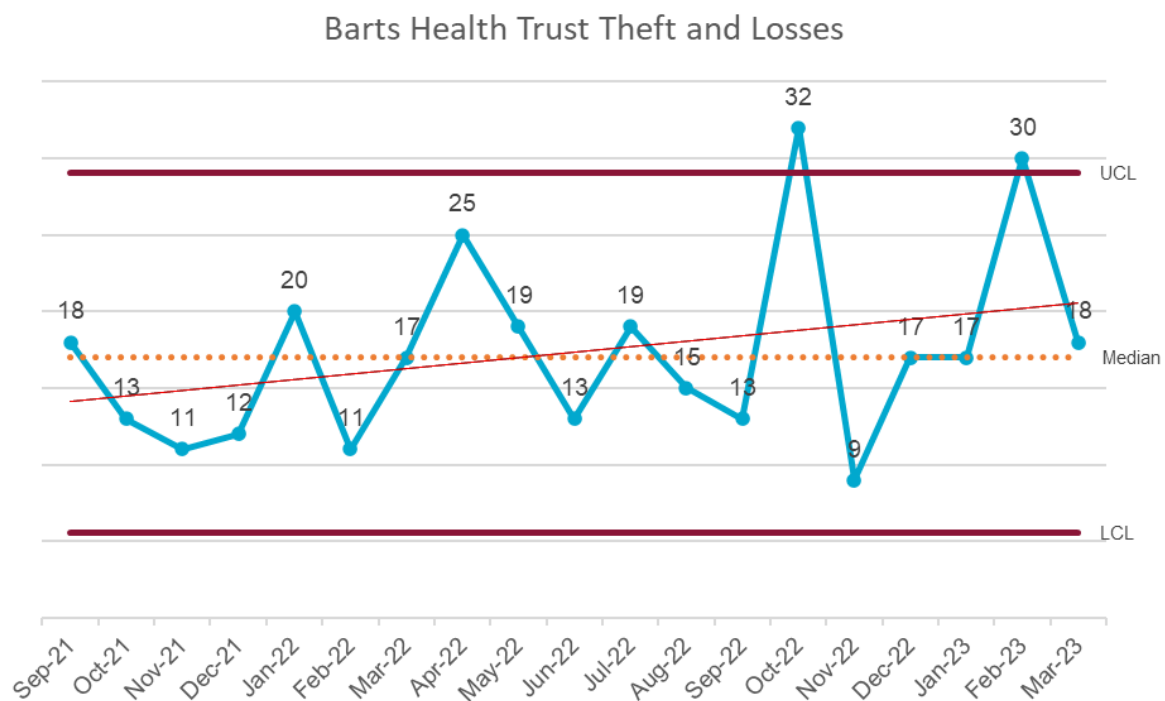
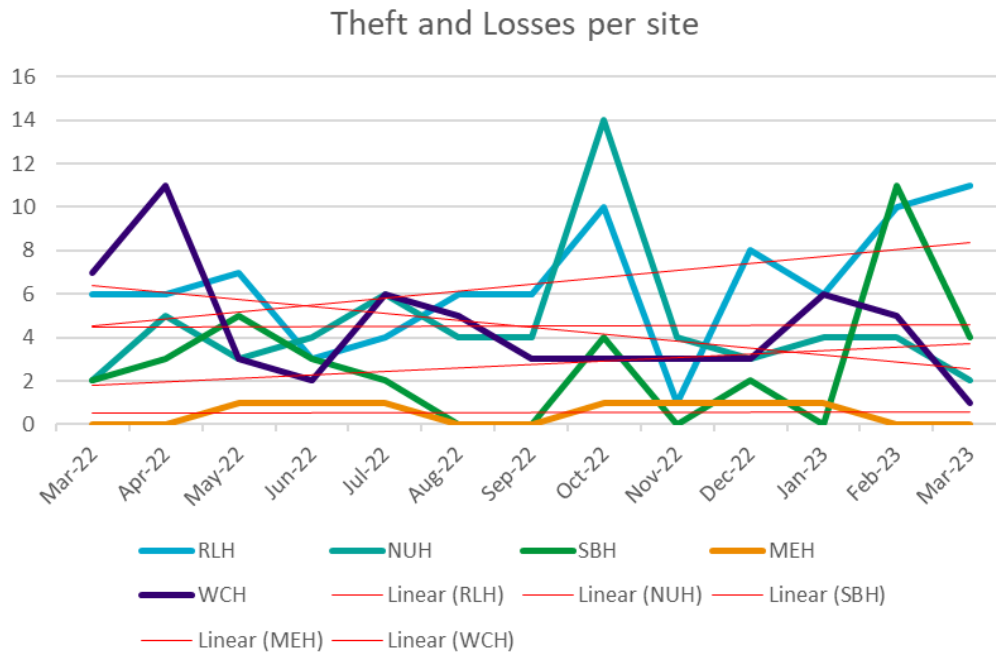


Figure 28: Reported Theft and Losses by Site

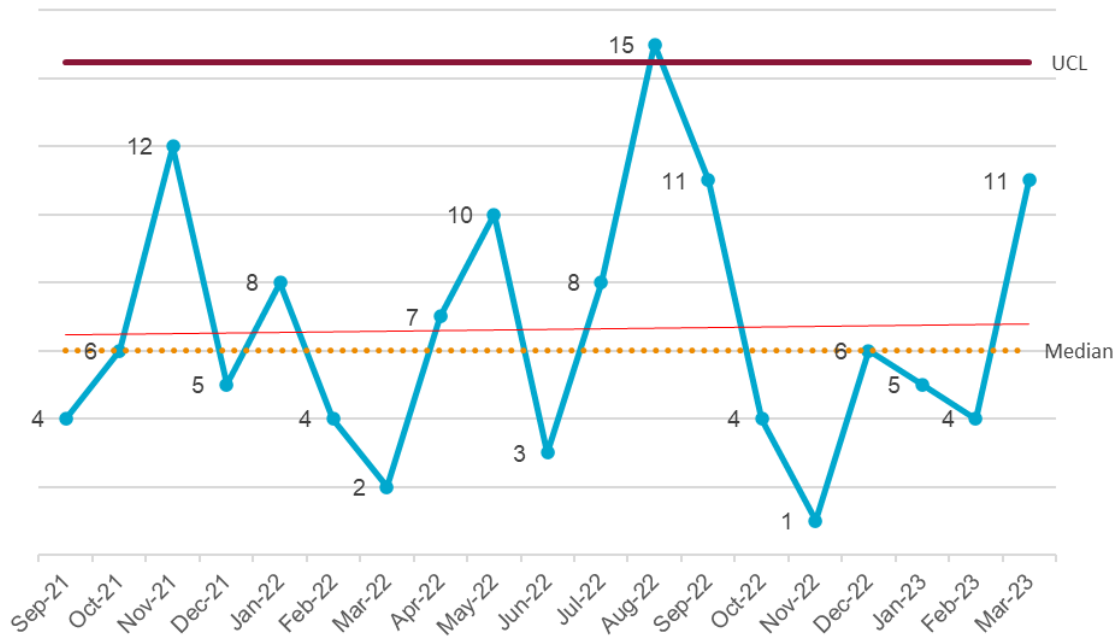


Security Breaches

The Security Teams across the Trust continue to engage and proactively identify potential security breaches to minimize the consequence and impact of a breach to an individual or the Trust. The Security Team proactively report breaches via helpdesk for the Estates Teams to carry out remedial works as needed (See Figure 29).

Figure 29: Reported Security Breaches

Barts Health Trust Security Breaches



Violence and Aggression Hotspots

Violence and aggression remain minimal at the St Bartholomew’s Hospital and Mile End Hospital Sites through the period of 2022/2023. As the St Bartholomew’s Hospital reported 14 Physical assaults and Mile End Hospital reported only 5 occurrences. Outlined below are the most active hotspots currently and the actions that the security teams on sites have implemented.

Royal London hotspots remain as

- A&E,
- A&E Mental Health Assessments,
- Floors 11 – 14.

Security proactively provides full support and Emergency Department cover and two-tier Security calls for Mental Health Emergency requests. Local V&A group meetings have been undertaken with the Emergency Department Team supporting ongoing discussion, advice on incident occurrences.

Newham General hotspots remain.

- Accident & Emergency,
- Accident & Emergency Mental Health Assessments,
- Emergency Department paediatrics,
- Paediatrics,
- Tayberry,
- Stratford,
- East Ham,
- Manor Park,
- Plashet wards.

The Newham University Hospital Site has provided finance for additional security manning for Emergency Department and access control officers. The Security Managers continue to support Newham University Hospital clinical service teams with education, support and engagement across the ED department.

Whipps Cross Hotspots

A&E,

Mental Health Assessment,

AAU2,

B3,

Chestnut ward.

The Security Team provides additional manning Service in the Emergency Department and Maternity and support Mental Health monitoring of patients in Emergency Department. The Security Team are continuing with engagement and supporting the Emergency Department Teams.

Soft FM Services H&S update 2022/2023

The Soft Services Team undertake weekly Safety Inspections and Safety Observations (near misses), during the reporting period a total of 1,922 safety inspections recorded from April 2022 – March 23, by Catering, Cleaning, Security & Porter services prior to transfer back in house (See Figure 30).

During the same period a total of 2,634 safety observations were carried out by the Soft Services Team. The Porter and Security Teams recorded the highest volume of safety observations completed (See Figure 31).

The Trust Soft Services Teams will continue to ensure that all opportunities to improve the health, safety and wellbeing of patients staff and visitors are identified and appropriate mitigation strategies are implemented. Following the in sourcing of the Soft Service Team all Weekly Inspections and Safety Observations will be escalated through the Site Health and Safety Committees.

Figure 30: Number of Soft Services Inspections

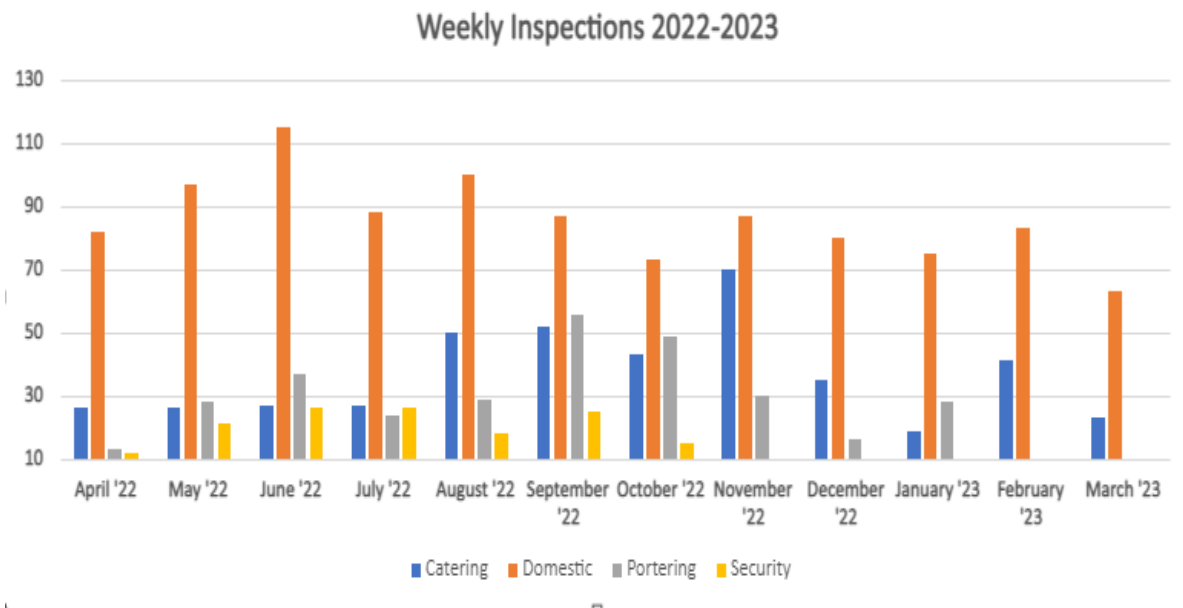
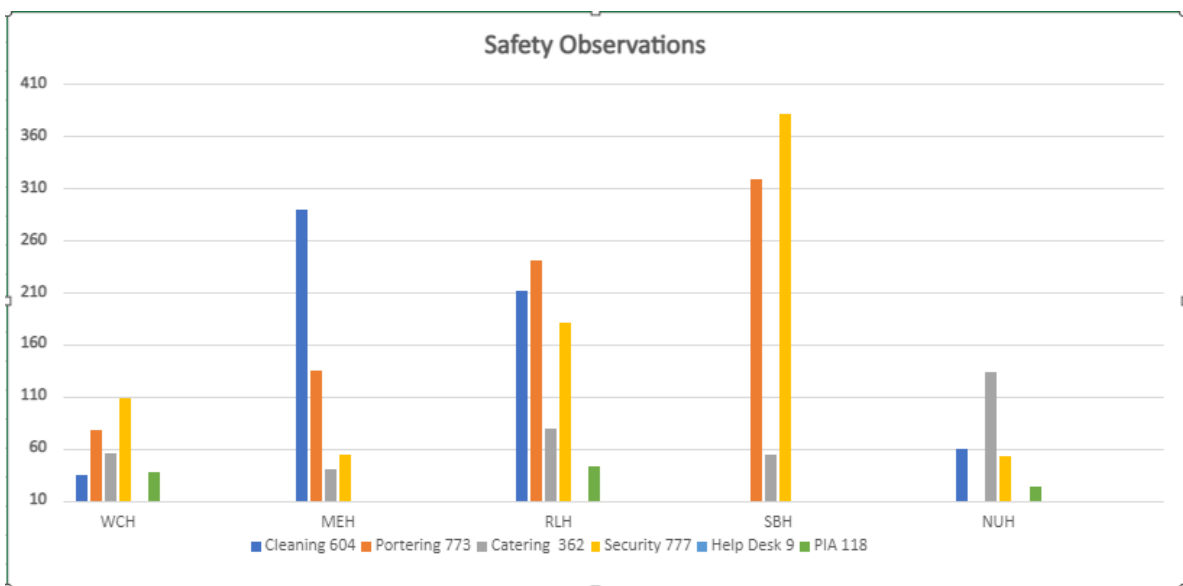


Figure 31: Number of Soft Services Safety Interventions



Partner Health and Safety Reports

As part of the open and transparent working relationship the Trust has with its Partner Organisations such as Capital Hospital, Skanska Facilities Services, Steris, Siemens,

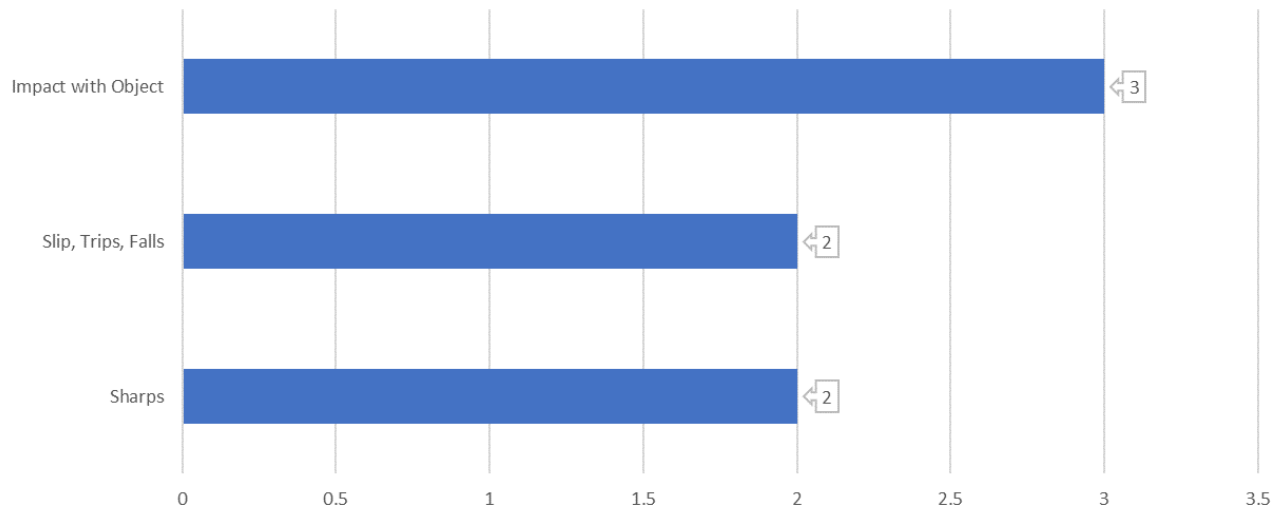
Varian and ISS Healthcare Facility Services open invitations are provided to the Hospital and Group Health and Safety Committees. These invitation's provide the Partner Organisation's with the ability to escalate Health and Safety non-conformities and risks following Safety Audits and Observations.

During the reporting period the Partner Organisations escalated 7 Health and Safety Incidents (See Figure 32 & Table 13). The Partner Organisations incident trends although low were in line with the Trust incident causation as expected. It must be noted that the Partner Organisations did not escalate any incidents to the Health and Safety Executive under the RIDDOR reporting requirements.

Table 13: Partner Organisations Incident Trend

Organisation	Number of Incidents
Varian	0
Siemens	0
Steris	2
Skanska Facilities Services	4
ISS Healthcare Facilities	1

Figure 32: Partner Organisations Incident Causation



Appendix A

Health, Safety and Fire and Security Committee

Group Health, Safety and Fire and Security Committee Terms of Reference

Purpose

The Trusts Health and Safety Committee is constituted under the requirements of the Health and Safety at Work Act 1974, to consult with employees on matters of health, safety and welfare at work, and in accordance with the Safety Representatives and Safety Committees Regulations 1977 and the associated Codes of Practice and Guidance.

The Health and Safety Committee is authorised by the Risk Management Board to conduct its activities in accordance with its terms of reference.

The Group is authorised by the Risk Management Board to seek any information it requires from any employee of the Trust in order to perform its duties or contractual arrangements.

The role of the committee is to provide the organisation with an overarching view of health and safety and to provide assurance that non-clinical risks are effectively managed on behalf of the organisation.

To establish and maintain standards of health, safety and welfare, in keeping with legal requirements and in accordance with the organisation's health and safety policy. To encompass all areas of health and safety, including risk assessments, safe systems of work, control of hazardous substances, provision of a safe working environment, safe plant and equipment, staff induction training, occupational health care, control of infection, first-aid, fire, security, environmental management, etc. together with all appropriate training.

Quorum

The Trusts Group Health and Safety Committee will be considered quorate on the attendance of a representative of each of the group hospitals, representation the Trusts Health and Safety management.

Code of Conduct

- Agendas and papers will be circulated to all members at least five working days in advance of meetings, to allow sufficient time for papers/reports to be reviewed.
- Members will have read any agenda papers in advance of the meeting, to allow direct discussion at the meeting.
- Members will attend personally wherever possible; deputies may attend by advance agreement.

Membership

The standing membership of the Trust Health & Safety Committee is:

- Executive lead for Health & Safety (Chair), Chief Nurse, Chief Medical Officer, Directors/Associate Directors of Nursing and Governance (Group), Trust Risk Manager, Head of Employee Wellbeing services, Group Director of Estates & Facilities (Deputy Chair), Group Estates & Facilities Directors, Clinical Director of Infection Prevention and Control, Radiation Protection Advisor, Staff-side Representatives, PFI and Soft FM provider representation, Associate Director EFM Compliance & Risk, Head of Health and Safety.

By Exception:

- Head of Fire Safety, Local Security Management Specialist, Manual Handling Advisor

Membership will be reviewed annually by the Trust Quality Assurance Committee

Secretariat:

- Estates & Facilities services to provide.

Duties of the Committee

Promote and develop a culture of understanding and co-operation amongst all staff to ensure their health, safety and welfare whilst at work.

Oversee, influence, develop, review and approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice.

Monitor, audit and review the effectiveness of organisational Health and Safety management arrangements via assurance reports.

Receive, review and monitor action plans from subgroups of the Health and Safety Committee.

Act as early warning mechanisms to alert the organisation to emerging Health & Safety risks. (i.e., changes in legislation)

Review H&S incident statistics and trends throughout the organisation, to ensure that corrective action and prioritisation of high-risk issues are brought to the attention of the appropriate groups.

Frequency of Meetings

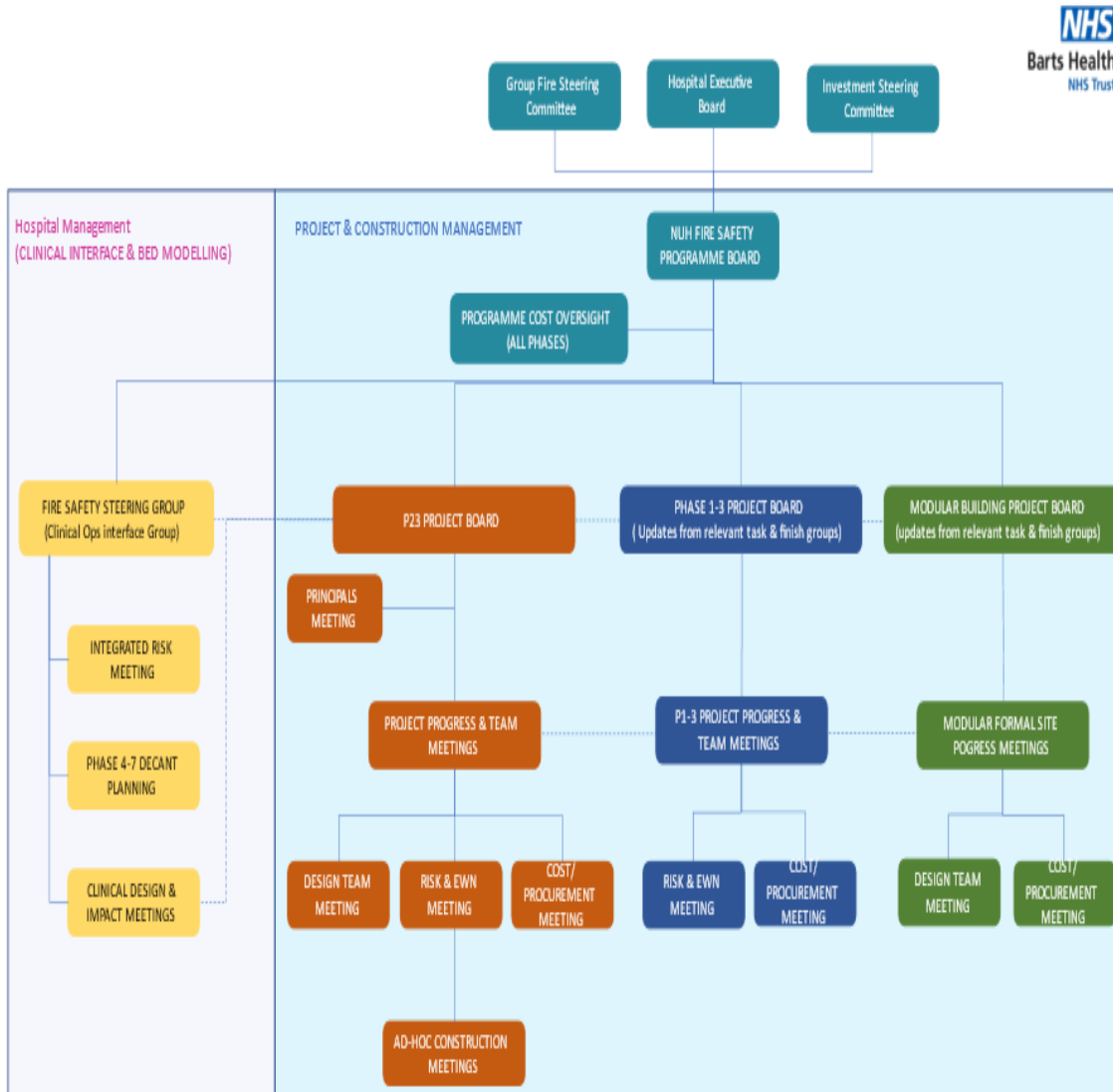
The Committee will meet Quarterly the frequency will be reviewed by the Trust Risk Management Committee.

Ensure the Health, Safety action plans and risks are entered onto the organisations risk register are monitored and reviewed in line with the Risk Management Strategy.

Disseminate information and provide feedback to appropriate groups, committees, staff and other stakeholders on environmental and non-clinical risk issues.

Appendix B: Fire Safety Refurbishment Governance

To ensure each article indicated within the London Fire Enforcement the following governance programme was implemented.



Appendix C: Fire, Health and Safety three-year work plan

AREA	TASK/ OBJECTIVE	ACTION REQUIRED	RESPONSIBILITY	TARGET DATE	Status	RAG Rating
Plan	Proactive and engaged leadership	Empower and support Trust Leadership with Health and Safety.	Site Advisors, Group Fire, Health and Safety Advisor	On -Going		
		Promote Health and Safety Training for Directors	Site Advisors, Group Fire, Health and Safety Advisor	On -Going		
	Health and Safety Responsible Directors to have a record of risk assessments	Fire, Health and Safety Advisors to produce a health and safety risk register. 100% of Departments / Units to have a record of current risk assessments on an annual basis	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
	Achieving Excellence	Achieve ISO 45001 Certification Occupational Health & Safety Management Improve occupational health & safety performance, reduce work-related accidents and protect your reputation.	Site Advisors, Group Fire, Health and Safety Advisor	April 2025		
		ISO 45001 – Gap Analysis	Site Advisors, Group Fire, Health and Safety Advisor	April 2023		
		ISO 45001 – Gap Analysis implementation	Site Advisors, Group Fire, Health and Safety Advisor	April 2024		
	Sharps Injuries	Reduce the number of Sharps injuries by 80% over the next three years.	Site Advisors, Group Fire, Health and Safety Advisor	April 2025		
		Introduce a sharps free policy within the	Group Fire, Health	June 2023		

	Trust.	and Safety Advisor			
Policies	Develop a Latex Policy, set out the Trust as a Latex Free environment. Develop Confined Space Policy Develop Home Working Policy Develop Exposure to Electromagnetic Policy Develop Mental Health Policy Develop a Noise and Vibration Policy	Group Fire, Health and Safety Advisor	May 2024		
	Assist with BHRUT policy alignment where required.	Group Fire, Health and Safety Advisor	Monthly		
Responding to the upcoming changes to the regulatory regime following the Grenfell incident	Review Sites suitability to New Fire Safety Legislation (FSO 2023).	Group Fire, Health and Safety Advisor	April 2023		
	Impact of New Legislation on the New Whipps Cross Hospital and any Capital Projects	Group Fire, Health and Safety Advisor	Monthly		
Continual Professional Development (CPD) for the Fire, Health & Safety team to address changes to legislation and new emerging safety issues which will impact on the safety systems in place.	With the ongoing development of different skills required to reflect the evolving needs of Trust Role competency framework.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
	All Advisor roles to have clearly defined responsibilities and corresponding objectives	Site Advisors	July 2023		
	Over the next three years all advisors to complete NEBOSH Diploma.	Group Fire, Health and Safety Advisor	April 2025		
	All Fire Advisors to achieve Registered Risk Assessor Status	Site Advisors	May 2024		
Health and Safety Partners	To build on and strengthen the Health & Safety Partners model to increase engagement with staff across the Trust. To improve visibility and engagement. Each Site to invite Union Representation	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		

		(Unison, Unite etc), PFI partners Health and Safety Advisors, Barking and Havering Trust Representatives				
	Risk Profiling, risk assessments and holistic management	Develop Group Risk Assessments such as Stress, Cycling for Work, powered doors, Noise at Work, Violence at work, Vibration at Work.	Group Fire, Health and Safety Advisor	Monthly		
		Accurate risk register entries held by each site	Site Advisors	Monthly		
		Ensure Sites risk profile is prioritised accordingly through Site and Group processes.		Monthly		
	Wellbeing	Expand Health and Safety into wellbeing safety. The Trust focuses on physical wellbeing; a focus is required on psychological wellbeing.		April 2025		
	Health and Safety Culture	Continued the development and understanding of safety maturity for our leaders and all employees over the next 3 years		April 2026		
		Develop Health and Safety Leadership Training		April 2024		
		Embed Trust Health and Safety Culture within Soft Services Teams		May 2023		
Do	Communication	Invite the BHRUT Advisors, union Reps to the Trust Core Health and Safety Meetings i.e., Group Fire Committee, Group Health and Safety Committee, Group Sharps Committee.	Group Fire, Health and Safety Advisor	April 2023		
		Create a formal documented Estates	Site Advisors	Oct 2023		

		Induction Program per site.				
		Improve Health and Safety links with the Staff Disability Network and Access to Work Scheme	Site Advisors, Group Fire, Health and Safety Advisor	July 2023		
		Producing written management procedures and publish them on the Intranet.	Group Fire, Health and Safety Advisor	August 2023		
		Improve links with HR, radiation safety, laser safety to improve Health and Safety Performance	Group Fire, Health and Safety Advisor	April 2023		
	Health and Safety Training	Health & Safety training delivered on each site and monitored through Site Health and Safety Committee. Monthly Site Fire Training Monthly Site Health and Safety Training Monthly Ligature Training	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
		Improve the Trust Health and Safety E learning package	Group Fire, Health and Safety Advisor	May 2023		
	Health and Safety Tool Kits	General and specific training topics to be developed i.e., use of Ladders, working with liquid Nitrogen	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
	Mental Health and Safety	Establish Mental Health Training Health and Safety Advisors to attend Advanced Mental Health and Safety Training Deliver one Mental Health and safety training per site	Site Advisors, Group Fire, Health and Safety Advisor	September 2023		
	Fire Warden Training	Embed Fire Warden Training on each Site.	Site Advisors, Group Training Officer	July 2023		
	First Aid Training	Expand First Aid Training to cover:	Group Training	May 2023		

		Paediatric and Child Training Defib. Training	Officer			
	Display Screen Equipment	Implement and embed Display Screen Equipment assessments and training within all Sites.	Site Advisors	April 2023		
	Risk Assessments	Site Fire, Health and Safety Advisors to complete a minimum of 4 risk assessments a month to ensure the Trust is aware of its risk profile.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
		Fire / Health and Safety risk assessments will be implemented in all areas of the group and identify areas of weakens or required improvement through the provision of action plans and entries to the Trust risk register.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
		Specific Fire and H&S assessments are to be undertaken in areas of pathogens and toxins with the Trust Laboratory Safety Manager and where applicable specific plans/SOP's are to be developed and monitored	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
	External Reporting	The Health and Safety Advisors to report RIDDORs in a timely manner in accordance with HSE time scales. All incidents reported outside HSE timelines to be report to the Site Health and Safety Committee.	Site Advisors	Monthly		
		All RIDDORs to have a Concise Investigation report. Documented within the Trust Guidance.	Site Advisors	May 2023		
	Evacuation Planning	Create a EPPR and Fire Safety Team working Group	Site Advisors, Group Training	April 2023		

			Officer, Group Fire, Health and Safety Advisor			
		Create new Evacuation plans per department and Grab Bags (Plans, Hi Viz Jackets, loggist documentation)	Site Advisors, Group Training Officer, Group Fire, Health and Safety Advisor	May 2023		
		Create LFB Hazard Plans	Site Advisors, Group Training Officer, Group Fire, Health and Safety Advisor	Dec 2023		
Check	Embedding of Health and Safety Culture	Periodic internal audit of all Health, Safety and Compliance policies	Site Advisors, Group Fire, Health and Safety Advisor	Quarterly		
		Annual British Safety Council 5* Audit to Assess Health and Safety Culture	Group Fire, Health and Safety Advisor	October 2023		
		Governance process to reflect the risk assessments between Group and Sites	Site Advisors, Group Fire, Health and Safety Advisor	On-Going		
	Benchmarking	Benchmarking against Barking Havering and Redbridge Trust to assess Barts Health and Safety performance;	Group Fire, Health and Safety Advisor	Quarterly		
		Annual report to be produced, benchmarking against similar organisations to assess performance and direction of travel.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
	Monitor and measure health and safety	Better trending of data. Revised audit process will be effective in	Site Advisors, Group Fire, Health	Monthly		

	performance	monitoring health and safety performance and will drive improvements.	and Safety Advisor			
		To monitor the effective development and embedding of evacuation plans.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
		To drive improvement in H&S performance the Site Advisors will provide trend analysis for all Site and Group meetings in which Fire, Health and Safety are discussed such as Sharps, Health and Safety, Fire	Site Advisors, Group Fire, Health and Safety Advisor	Monthly		
		To monitor and evaluate the effectiveness of the group approach to addressing fire/H&S weakness in building fabric and design.	Site Advisors,	Monthly		
		To ensure Fire/H&S engagement in all Capital project schemes and initiatives				
		Expand the Trust workplace exposure testing to community sites and BHRUT. Expand the testing type beyond Maternity and Operating Theatres.	Site Advisors, Group Fire, Health and Safety Advisor			
		To develop Self-Assessment questionnaire (SAQ) E- system. Launch the SAQ; Leading indicators are measures of number of workplace inspections, position of embedded Health and Safety.	Group Fire, Health and Safety Advisor	August 2023		
	Monitor high risk activities	Health and Safety Advisors to monitor lone worker, risk of violence for all staff. By taking steps to avoid or control the risks and these measures are regularly and soundly	Site Advisors,	Monthly		

		monitored, reviewed and evaluated for their effectiveness.				
Act	Lesson Learnt	Accident/incident analysis to include “lessons learnt”, trends and targeted reduction of accidents/issues within the Site and Group Health and Safety Committees;	Site Advisors,	Monthly		
		As part of a Governance process, standard agenda item across the Site H&S Committees and Group H&S Committee including statistics and lessons learnt	Site Advisors	Monthly		
	Communication	Site Fire, Health and Safety Advisors to develop a Communication Plan including key Site Health and Safety themes for their sites.	Site Advisors	Monthly		
		An annual report is to be developed for the Group Executive Board, on how it has met the standards set in relation to statutory requirements, and its local priorities as identified in its work plan.	Group Fire, Health and Safety Advisor	Monthly		
		The Trust Advisor (s) will prepare and present a Site Based annual report to the nominated director responsible for Fire and H&S and onward to the Trust Executive Board.	Group Fire, Health and Safety Advisor	Annually - April		
		To continue to monitor all Fire and H&S related Datix reports and SI proforma ensuring the appropriate investigation and actions are being undertaken in a timely manner	Site Advisors, Group Fire, Health and Safety Advisor	Quarterly Group Committees		
	Risk Assessments	Fire, Health and Safety Advisors to act on all action plans following completion of risk	Site Advisors	On-Going		

	assessments such as Capital Projects				
	High Risk Assessment Action Plans to be monitored by the Site Health and Safety Committee and Group Committees	Site Advisors, Group Fire, Health and Safety Advisor	Monthly at Group Committees		
	Where appropriate, Barts Health NHS publicises sanctions successfully applied following H&S related incidents through the Site Health and Safety Committees.	Site Advisors, Group Fire, Health and Safety Advisor	Monthly at Group Committees		

Appendix D: Annual Statement of Fire Safety

NHS Organisation Code:		NHS Organisation Name: Barts Health NHS Trust	
		Site	St Bartholomew's Hospital, London
I confirm that for the period 1 st April 2022 to 31 st March 2023, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (<i>please tick the appropriate boxes</i>):			
1	There are no significant risks arising from the fire risk assessments.	No	
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.		
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks. *		
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:			
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? If Yes - Please outline details of the enforcement action in Annex A – Part 1 .	No	
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes, Please outline details of unresolved enforcement action in Annex A – Part 2 .	No	
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	Yes	
Fire Safety Manager		Name: Shand Muller	
		E-mail: shand.muller1@nhs.net	
Contact details:		Telephone:	
		Mobile:07775198394	
Site Chief Executive Name:		Charles Knight	
Signature of Appointed Director for Fire Safety:		Steve Eames	
Date: 05 July 2023			
Completed Statement to be forwarded to the NHS Information Centre to arrive no later than			

ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

None received within the specific date range

Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

Annual Statement of Fire Safety

NHS Organisation Code:		NHS Organisation Name: Barts Health NHS Trust	
		Site	Whipps Cross University Hospital
I confirm that for the period 1 st April 2022 to 31 st March 2023, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (<i>please tick the appropriate boxes</i>):			
1	There are no significant risks arising from the fire risk assessments.		
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.		X
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks. *		
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:			
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1 .		NO
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? (Delete as appropriate) If Yes, Please outline details of unresolved enforcement action in Annex A – Part 2 .		NO
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.		Yes
Fire Safety Manager		Name: Lee Gunner	
		E-mail: lee.gunner@nhs.net	
Contact details:		Telephone: 02085395522 Ext 4094	
		Mobile:	
Site Chief Executive Name:		Ralph Coulbeck (WX CEO)	
Signature of Appointed Director for Fire Safety:		Rob Speight (WX Director of Estates & Facilities)	
Date: 05 July 2023			
Completed Statement to be forwarded to the NHS Information Centre to arrive no later than			

ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

None received within the specific date range

Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

No enforcement action received from previous years. To note, Whipps Cross Hospital Site received a Notification of Deficiencies from London Fire Brigade in November 2018 of which a 5 year phased and costed action plan is on-going to address. By 31st March 2023 85% of the hospital’s bed base is fire safe compliant with plans developed to complete the remaining 15%. Progress in 2023/24 is delayed due to capital funding restrictions.

NHS Organisation Code:		NHS Organisation Name: Barts Health NHS Trust	
		Site	Newham University Hospital
I confirm that for the period 1 st April 2022 to 31 st March 2023, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (<i>please tick the appropriate boxes</i>):			
1	There are no significant risks arising from the fire risk assessments.		
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.		Yes
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks. *		
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:			
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1 .		Yes
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? (Delete as appropriate) If Yes, Please outline details of unresolved enforcement action in Annex A – Part 2 .		Yes
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.		
Fire Safety Manager		Name: Stevie Clifford-Tucker	
		E-mail: Stevie.Clifford-Tucker@nhs.net	
Contact details:		Telephone:	
		Mobile:	
Site Chief Executive Name:		Simon Ashton	
Signature of Appointed Director for Fire Safety:		Nayna Manya	
Date: 07 July 2023			
Completed Statement to be forwarded to the NHS Information Centre to arrive no later than			

ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

None received within the specific date range. However, it is worth noting that the site has an existing enforcement notice in force served by London Fire Brigade.

Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

Enforcement Notice served by London Fire Brigade in September 2020; this was to be complied with by March 2022. However, upon the request of the trust, an extension was granted until November 2024.

Prior to the reporting period, 2 phases of works had been completed to comply with the notice with the 3rd phase being worked on during the reporting period with an expectation of completing phase 3 by May 2023.

The costs of Phase 1-3 are approx. £38m and the remaining works are projected to cost approx.. £55m. However, it is worth noting that NHS England has requested that the site undertake a fire safety case to review whether the scope of work can be reduced to as low as reasonably practicable, this would likely mean a reduce the remaining cost but is subject to approval from Trust, NHS England and London Fire Brigade.

Annual Statement of Fire Safety

NHS Organisation Code:		NHS Organisation Name: Barts Health NHS Trust	
		Site	Royal London Hospital & Mile End Hospital
I confirm that for the period 1 st April 2022 to 31 st March 2023, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (<i>please tick the appropriate boxes</i>):			
1	There are no significant risks arising from the fire risk assessments.		
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.		✓
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks. *		
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:			
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1 .		No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? (Delete as appropriate) If Yes, Please outline details of unresolved enforcement action in Annex A – Part 2 .		No
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.		Yes
Fire Safety Manager		Name: Jonathan Szecowka-Harte	
		E-mail: jonathan.szecowka-harte@nhs.net	
Contact details:		Telephone:	
		Mobile: 07782385466	
Site Chief Executive Name:		Neil Ashman	
Signature of Appointed Director for Fire Safety:		Kenny Hanlon	
Date: 05 July 2023			
Completed Statement to be forwarded to the NHS Information Centre to arrive no later than			

ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

None received within the specific date range

Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.